

EMPOWERMENT-BASED PRACTICE TOWARD
VOCATIONAL REHABILITATION AMONG ADULT LEARNERS
WHO ARE DEAF-BLIND

by

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ABSTRACT

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Traditionally vocational rehabilitation has as its goal providing services to support individuals with disabilities to achieve outcomes that relate to employment and independent functioning so that they may live self-sufficient and empowered lives. The current research discusses models of empowerment among varied marginalized groups identifying its components and dimensions, but little is known about how learners perceive and experience empowerment. This qualitative case study brought the voices of 18 adult learners who are deaf-blind into the conversation and examined the instructional practices and experiences that were reportedly empowering among learners while participating in vocational rehabilitation. The study revealed learners' interpretations of their experiences, motivations, insights, and challenges during their vocational rehabilitation journey. The study illuminated how learners perceived empowerment and identified six elements of the experience. In addition, learners shed light on six elements of the learning context that were worthy of consideration among learners and practitioners for optimizing the learning experience. Emergent themes surfaced regarding the relationship between empowerment-based practice and transformative learning. The change reportedly undergone by learners encompassed the whole person: affective, cultural, social, practical, political, and spiritual domains. Preliminary investigation into the distinctive pathways to empowerment among deaf-

blind adult learners provided a unique perspective by learners on how they made meaning and navigated their new reality of combined vision and hearing loss. Recommendations to practitioners and learners are derived from the 18 voices of learners who participated in the study. The study also revealed a need to further investigate the link between transformative learning and empowerment-based practice and how these two theoretical frameworks might inform one another with implications for practice.

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Chapter I

INTRODUCTION

Context and Background

The provision of rehabilitation training services among adult learners who are deaf-blind thus far has continued to evolve along a traditional trajectory of training options in an array of disciplines such as communications, orientation and mobility, vocational skills, independent living, and adaptive technology fostering among learners, independence at work, home, and in the community through instrumental learning experiences. Individuals who are deaf-blind participating in vocational rehabilitation are offered training and interventions that are disability specific through residential training programs and community-based services emphasizing the gaining or regaining of independence using adaptive techniques and compensatory strategies. Concurrently legislation such as the American with Disabilities Act (ADA) enacted in 1990, the 1992 Amendment to the Rehabilitation Act, and more recently the Communications and Video Accessibility Act of 2010 (CCVA) and the Workforce Innovation and Opportunity Act of 2014 (WIOA) aided in the social construction and the advent and proliferation of expanded vocational and educational opportunities. Given these legislative mandates, greater attention was given to the importance of consumer-driven services, advanced adaptive technology improving accessibility among individuals who are deaf-blind, and the valued outcome of employment. In addition, professional-oriented research contributed to the emergence of strategies as well as promising and best practices within

the field. This said, the theory, practice, and research within the field can be characterized as partial and incomplete as it continues to lack an in-depth analysis of the complex dynamic and interrelated variables that contribute to the success and the challenges among its participants and most specifically as they are perceived and experienced by the individuals themselves.

This qualitative study addresses a gap in the current research offering descriptive accounts from learners' perspectives regarding instructional strategies that contributed to their success. The study in particular investigates the learning experiences of 18 deaf-blind individuals participating in vocational rehabilitation through the lens of empowerment.

The diversity among the community of learners who are deaf-blind includes people with varied degrees of vision and hearing loss. Learners who are deaf-blind are unique with respect to their "learning needs, communication and environmental access" (Parker & Nelson, 2016). These individuals may be hard-of-hearing, deaf, and also have vision loss or be totally blind. The age of onset of the dual sensory loss, prior life experience, work history, and a myriad of variables can influence instructional strategies and approaches.

How the perceptions of the vocational rehabilitation experience may be interpreted by the learners individually and collectively has definite implications for how these services are designed and delivered, yet, for the most part, this has gone unquestioned and unstudied. The research pertaining to deaf-blind individuals is limited, possibly due to its low incidence or the communication barriers among this group of learners as perceived by researchers. The limited research is indicative of the limited number of qualified personnel working with individuals who are deaf-blind nationwide (Parker & Nelson, 2016). In addition, the studies that have been conducted are primarily focused on educational interventions for children who are deaf-blind and have additional disabilities. The question remains how the vocational rehabilitation experience is perceived by the

learner or groups of learners who are deaf-blind with varied predispositions, life experiences, or worldviews.

In the United States, the number of individuals over the age of 18 with a dual sensory loss has been estimated at 1.2 million (Sansing, 2006). In an unpublished feasibility study conducted by the Helen Keller National Center (HKNC) in collaboration with Molloy College using the American Community Survey (ACS), it was determined there are an estimated 2.4 million individuals in the United States with a combined vision and hearing loss (Molloy College, 2015), with the highest proportion being senior citizens.

It has been suspected that there is an under-identification of individuals who are deaf-blind receiving rehabilitation services in the United States. Rehabilitation counselors often identify individuals with a primary disability and secondary disability of deafness and blindness rather than a single disability of deaf-blindness, which is recognized not to be simply an additive condition of two senses but a disability unique unto itself with exponential implications. In other words, the result of combined vision and hearing loss is greater than the sum of its parts. The life-changing consequences of experiencing a combined vision and hearing loss necessitates the learning of specialized and adaptive skills (hands), as well as new knowledge (head), and, in addition, behaviors (heart) impacting self-confidence, decision-making, control, motivation, and self-empowerment.

This study examined the meaning and impact of practices that promote self-empowerment among adult learners through the perspectives of the learners themselves, thereby offering an opportunity for the voice of the deaf-blind learners to be heard, and for this population underrepresented in research to be seen. The fundamental value of including voices of the adult learner in this study was essential and central to the meaning-making of the “what” and “how” of services.

The purpose of this qualitative study was to investigate the multiple realities of 18 adult learners participating in vocational rehabilitation at one site. The researcher aimed

to illustrate a process of intersubjective meaning-making by examining the responses of the 18 participants to the open-ended inquiries, providing an analysis of what was commonly shared and distinctly individual, and then connecting meaningful relationships among the data. The study examined the contextual factors, such as the experiences, relationships, environments, culture, language, communication preferences, and learning opportunities that impacted the learner and supported or diminished their self-empowerment.

The researcher selected this topic because of her interest in investigating the elements comprising liberating education practices and was interested in what a practitioner in the field of vocational rehabilitation might do to support adult learners who are deaf-blind to develop a power consciousness; to find within an ability to overcome challenges associated with a dual sensory loss to achieve their own definition of success. The researcher wanted to learn from the learners. Through the voices of learners, the empowering instructional interventions can be made explicit.

The underlying values, behaviors, nuances of learning interactions, and the quality of learning partnerships among deaf-blind rehabilitation participants and professionals comprised another area of investigation of this study. The dominant worldview of hearing-sighted practitioners in this case may be a natural obfuscation to the lived reality of the deaf-blind learners. The a priori categories in the literature must take a backseat, while the voices of the learners take center stage. The questions remain: Is it acceptable to provide a consumer with training in skill acquisition to succeed in a job or create individualized vocational plans centered on choice, interests, talents, and abilities of the person without consideration of one's predisposition to self-empowerment? Is there an opportunity to broaden the role among rehabilitation professionals working with marginalized groups to engage learners in matters that can strengthen their access and level opportunities to live, work, and thrive in their communities? Is there more to rehabilitation training beyond adaptive skill training? There is little known as to what

empowering experiences are perceived by adult learners who are deaf-blind. Discovering what and how an adult who is deaf-blind learns while participating in a vocational rehabilitation program and with consideration to the physical, communicative, affective, cultural, social, practical, and political domains of the learner may have implications for ways to improve the quality of service delivery.

Problem Statement

The severity of the problem of chronic unemployment or underemployment for individuals who are deaf-blind remains high today despite the programs, services, resources, and research devoted to improve it (Petroff, 2010). Researchers have noted that unemployment levels remain 50% lower for individuals with disabilities in comparison to those without disabilities (Barrington, Bruyère, & Waelder, 2014; Bruckner & Houtenville, 2014). Employment levels for individuals who are deaf or hard-of-hearing are similar to the overall employment statistics for individuals with disabilities (Punch, Hyde, & Power, 2016). Individuals who are blind and visually impaired, when compared to individuals who are deaf or hard-of-hearing, experience similar challenges with accommodations and inaccurate perceptions of others regarding their skills and abilities (Punch et al., 2007). Unfortunately, there continues to be a lack of research with individuals who are deaf-blind. “Post-High School Outcomes of Young Adults with Disabilities up to 6 Years after High School” (Sanford et al., 2011) reported that the employment status of individuals who are deaf-blind are the lowest (30%) of all disability groups examined. The eight comparative disability groups ranged from 79% for individuals with learning disabilities to 38% for individuals with orthopedic impairments. The finding that the least likely of all disability groups to have a paid job was youth who identified as deaf-blind is significant.

Over the years, the connection between empowerment and successful achievement of the critical vocational rehabilitation goals has been recognized in the research (Bolton & Brookings, 1996; Frain, Bishop & Tschopp, 2009; Hampton, 2004; Kosciulek, 2005), yet none of the studies have examined the specific instructional practices that may enhance empowerment among deaf-blind adult learners in rehabilitation training programs. There is little doubt that research seeking to examine the instructional strategies to support the improvement of vocational outcomes among working-age adults who are deaf-blind through rehabilitation training is warranted. It is not uncommon for individuals who are deaf-blind to drop their pursuit of employment after years of defeat in their attempt to be hired. This researcher sought to gain a greater understanding of self-empowered learners who might combat this experience of self-defeat with self-empowerment.

The study sought to unearth how dominant structures within a rehabilitation setting might affect learners and what additional strategies might be employed to maximize and strengthen an inclusivity to a “power with” or “coactive power” orientation to service delivery. The rehabilitation field can benefit from a study such as this aimed to identify what, if any, strategies can be employed to foster a shift on how services are offered, with an emphasis on empowering practices that improve employment outcomes among the collective learners and to also identify meaningful ways to engage learners using an enhanced paradigm for learning that addresses other life-changing outcomes. It was an attempt to go after empowerment in real time. The insights gained through the perceptions shared by learners can also help dismantle or re-configure how power is positioned, released, shared, or self-authorized.

Purpose of the Study

The purpose of this study was to provide a “voice” to the diverse community of deaf-blind adult learners regarding what constitutes an empowering vocational rehabilitation program in order to offer recommendations to practitioners on how they might create empowering learning opportunities and improve the quality and outcomes of these services.

The case-study approach employed in this study aimed to reveal insights and perceptions directly from the learners as they reflected and conveyed descriptive meaning and experiences relevant to what instructional practices empowered them during their participation in a vocational rehabilitation program. In addition, inquiries attempted to unearth the assumptions, values, attitudes, and behaviors that may be operating among the learners. Depicting rehabilitation as a process of gaining adaptive skills and compensatory strategies to manage everyday life and achieve a vocational outcome may restrict how learners learn and how practitioners conceptualize and enact their practice.

The purpose of the study was also to gain a better understanding of what matters to the individual learners as they undergo the re-patterning of their life and how their self-identity, self-beliefs, and expectations are impacted as they make personal adjustments to living with a current or impending vision and hearing loss. By using a case-study design and conducting individual and cross-case analysis, it is possible to reveal a more granular depiction of their learning experiences and the meaning of these experiences that went beyond adaptive skill acquisition. The learning experiences inclusive of the sense of self-empowerment can provide a more holistic perspective of vocational rehabilitation. The case in this study is the individual learner undergoing the experience of vocational rehabilitation. The analysis of personal narratives of the experiences of the learners can not only shed light on how to tailor services to improve the overall experience and

outcomes of the learner but also show emerging patterns among learners that might be unique to learners who are deaf-blind.

Currently, pre-service and in-service training among professionals may involve the learning and implementation of competencies respective of professional disciplines related to adaptive strategies for acquiring functional skills. The researcher was suspect that this approach may be inadequate if it does not also address the factors of personal adjustment of the learner and how coping with the impending or experienced hearing and/or vision loss impacts the learner and their experience during the instructional process. The empowerment lens may also have implications for the transformative learning goals of the learner as well as the practitioner. If practitioners work within a premise of learning partnerships, the mirror of empowerment reflects the learner's perceptions and is inclusive of their values, preferences, and meaning-making within relationships. The examination of how differences among learners within this diverse population impact the experience of self-empowerment and how the characteristics of the learning milieu are significant to the learner with respect to those differences may also be worthy of investigation.

The Approach (Research Questions, Design, and Outcome)

In a qualitative approach to research it is possible to provide a “describe, understand, and explore social phenomena and relationships” (Merriam, Courtney, & Reeves, 1998, p. 69). A case study was utilized, and 18 individuals were interviewed who provided different perspectives (individuals who self-identify as members of deaf or “hearing” cultures, and are blind or have varied degrees of vision loss) with varied educational, work, and family histories. Learners offered their perspectives on targeted inquiries of meaning about the events, processes, structures, learning opportunities, and relationships within the context of vocational rehabilitation training. The researcher conducted content and thematic analysis in order to describe participants' revealed

perceptions, assumptions, prejudgments and predispositions, and experiences that directly or indirectly impact their learning and sense of self-empowerment.

The following three research questions were developed to understand the main phenomenon of the study:

1. How do learners who are deaf-blind participating in a vocational rehabilitation reportedly experience empowerment?
2. What are the instructional strategies as perceived among learners who are deaf-blind that support or diminish empowerment?
3. What are the personal learning strategies utilized by learners during instruction of core areas such as communication skills, vocational skills, independent living, orientation and mobility skills, or adaptive technology skills that are reportedly empowering?

“Qualitative research is compatible with the philosophy of empowerment” (Honey, 1999, p. 257). Empowerment is a pivotal construct explored throughout this study. The construct of empowerment has been described as having multiple dimensions and being contextually based. The research tradition of a qualitative field inquiry derives meaning from multiple sources of information and by listening deeply to the participants. This methodology, therefore, is in alignment with the purpose of the study because it empowers participants throughout the investigation by giving them a voice quite possibly to influence not only the outcome of the study but the implications of practice.

“Qualitative research, then, should contain an action agenda for reform that may change the lives of participants, the institutions in which they live and work or researchers’ lives” (Creswell, 1998, p. 26).

Subjects were purposefully selected with consideration of two factors. Subjects were participants in the program at the research site for at least two months or had recently participated in the vocational rehabilitation training program at the site and had completed their program within the last three months. The only other variable

purposefully considered during the selection process was the cultural identity of the learners in an attempt to include a balanced representation of both deaf and hearing cultures in the study. The invitation to participate was open to all participants at the site and was selected on a first-come-first-served basis to prevent any bias in the selection process. The site is a residential vocational rehabilitation program and is uniquely purposeful. Caution was taken to ensure an emergent transparent methodology, one that was logical with recognition that the researcher is the primary agent who also shapes what data are collected and analyzed. As Denzin and Lincoln (2000) have cautioned, the voice of the researcher is clearly tied to the text, and the interpretation of the phenomenon in a qualitative study can be as much the researcher's as the participant's. It is with this spirit that the researcher takes pride and particular scrutiny in assuming this co-authoring and collaborative research study.

Among the studies conducted within the field of vocational rehabilitation, few examine what learners view as helpful to their learning experiences (Graffam & Naccarella, 1999). The majority of studies focus on the impact of vocational rehabilitation interventions and utilize quantitative methods and statistical analysis in order to evaluate specific models or strategies (Graffam & Naccarella, 1999). Quantitative studies explore and determine what is happening, often favoring the link between interventions and outcomes. This, however, may not be as helpful in determining "how" a phenomenon is experienced. In order to discover the learners' reality, the study deliberately inquired with those individuals experiencing the phenomenon and provided a space where perceptions could be voiced and made explicit.

A qualitative field inquiry may recast an existing conceptual framework by drawing together and systematically analyzing the perspectives of adult learners who are deaf-blind and focusing on process rather than only providing an analysis of outcomes. A strategy for unpacking the construct of self-empowerment included examination of the elements and the variables associated with the phenomenon. This was accomplished by

capturing the learners' meaning-making and by identifying and describing underlying themes present in the data specifically that addressed the three research questions.

Through the process of inquiry among learners, coupled with the process of inquiry with the current research and literature, an analysis and interpretation revealed valuable insights in response to the research questions, with further elaboration on additional significant areas and corresponding recommendations for both learners and practitioners.

The framework approach (Smith & Firth, 2011) was utilized to analyze the data, allowing for an explicit inductive process. The framework approach allowed for a systematic analysis of the data while maintaining transparency of the analytical processes utilized. Analysis of the common themes and identification of issues that transcend the cases were undertaken by the researcher while simultaneously maintaining an audit trail. This research design opened up the possibility of insights that cannot be predetermined from a hearing/sighted professional perspective at the dawn of the study. This is necessary in order to dismantle the existing conceptual frameworks and content categories that are professionally determined and allowed for the social construction of knowledge by deaf-blind participants rather than focusing only on a priori categories. Lincoln and Guba (1985) refer to this methodology as using "lessons learned." Through this qualitative methodology, "the researcher works inductively, such as when he or she develops categories from informants rather than specifying them in advance of the research" (Creswell, 1998, p. 77).

The framework approach describes a series of principles and stages to guide the process of data analysis, although these stages are not linear but recursive and require a "going back and forth" and a process of linking various stages. The recursive quality enhances the thematic analysis that ultimately builds a conceptual framework.

Three advantages of the framework approach have been described by Smith and Firth (2011). The approach specifically identifies the stages of analysis (coding, descriptions, and relationships), provides a means for cross-case analysis of descriptive

data, and makes the researcher's interpretations transparent to the reader, bolstering credibility (Smith & Firth, 2011).

Researcher Assumptions

This researcher has witnessed countless individuals on their journey of rehabilitation and has been continually learning with these individuals and the professionals who work with them. It is often this researcher's experience to work collaboratively with adult learners and their multi-disciplinary teams addressing the situational factors relevant to each learner's program in an ongoing manner. Lessons learned often provide a basis for tacit knowledge that is unspoken and implicit. This learning could be likened to what Argyris and Schon (1989) refer to as "theories-in-use" (p. 620). This study aimed to create an opportunity for "double loop" learning" (p. 621) whereby the basic premises and assumptions of the construction of professional knowledge and practice are called into deliberate question. It is often from the hands of the professional that best practices are introduced and implemented. To date, there has been no systematic analysis such as the one described in this study to capture the subjective meanings and experiences of learners to build a theoretical/conceptual framework on self-empowerment based on empirical data generated from the learners' perspective.

It was the assumption of the researcher that instrumental learning, however necessary and fundamental to the rehabilitation experience, may not be adequate, and perhaps learning must instead be shaped and framed from the inside out, not only the outside in, and therefore be examined through the perceptions and complex psychological, social, and cultural dynamics of those individuals embarking upon this journey. The rehabilitation studies thus far popularly examine results of training interventions for the purpose of identifying evidence-based practice and measuring outcomes of employment (Pruett, Swett, Chan, Rosenthal, & Lee, 2008). The literature

supports experts in the field to modify and enrich their services and further expand on their techniques, strategies, and approaches to support learners. The researcher holds the assumption that the educator, too, must examine their values, beliefs, and assumptions and gain a conscious awareness of how their behaviors reflect their openness and responsiveness to the learners. The researcher begins with the assumption that perhaps there may be some habitual ways of thinking and behaving among professionals that may have the unintended consequence of detracting from the naturally occurring self-empowerment growth among learners.

Rationale and Significance

Deaf-blind individuals collectively share the common denominator of having a vision and hearing loss that impacts their daily functioning and the manner in which they carry out daily activities, such as communicating, managing a home, traveling, cooking, and accessing technology. This commonality translates into norms of behavior utilizing modified methods and strategies for completing daily tasks.

The strategies employed by the learner to gain or regain independence and accomplish their adaptive skill learning are specialized, and accommodations within the learning environment of a vocational rehabilitation program are as diverse as the learners themselves. The community composition is a reflection of a unique spectrum of people who possess varied life experiences in education and work history. How an individual interprets and navigates these experiences and how self-empowerment is impacted were the focus of this study

Within mainstream vocational rehabilitation training, paradigms exist and prevail. “The purpose of the Rehabilitation Act Amendments of 1992 is to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence and inclusion and integration into society” (Kosciulek, Vessell, Rosenthal, Accardo, & Merz,

1997, p. 5). The Rehabilitation Services Administration (RSA), through provision of state-funded vocational rehabilitation programs, offers an array of services to individuals with disabilities. What may constitute the differences for individuals who are deaf-blind is primarily determined by how vision and hearing loss influences learning. The strategies, techniques, and training objectives are modified to incorporate the learner's sensory losses and needed adaptive skill training. The rationale for this study is the required benefit of viewing the experience from the learner's perspective in order to discover how this community of diverse learners make meaning and experience success during their rehabilitation program. The value of gaining insight into the individual's construction of self-empowerment can lend itself to practices that enhance, enrich, and promote the empowerment-based practices among learners.

A deaf-blind learner is in a unique position of marginality. Deaf-blindness has been associated with social isolation and barriers to community integration due to barriers of equal access to communication and environmental information. For some individuals who are deaf-blind, it may be challenging to pick up information readily and learn incidentally through a lived experience via the typical avenues of observing another's behavior and gaining meaning through open dialogue. How one experiences learning with a vision and hearing loss may impact the experience of self-empowerment in unique ways. It may not always be possible to have confidence in meaning-making, having at times limitations to the choice of communication partners due to communication barriers. Social construction of knowledge may be thwarted whereby a natural position of receiver of information is taken. As Freire (1970) has contended, in order "*to say his or her word, name the world*" (p. 33), and then act on it, one must have a view of confidence that one's interpretation is worthy and convincing. A deaf-blind learner often positioned as the receiver of information may experience gaps in visual and auditory information, which commonly results in partial or misinformation. A person who is deaf-blind may often rely on others to be the bridge, to provide the visual or auditory information that is

not available. The range of skill level among communication partners may at times result in the deaf-blind person being unable to gain an understanding of the nuances of the situation. How this impacts a sense of self-empowerment among learners who are deaf-blind may be significant. Imagine yourself in any social situation trying to be a sender and receiver, an equal contributor and benefactor of a conversation with the possibility of messages being unreliable, inconsistent, biased, or absent.

It is both a benefit to the consumer/learner as well as the professional/practitioner to examine less tangible outcomes of the rehabilitation process, such as empowerment and how self-empowerment impacts the achievement of other primary and secondary goals. One could also ask whether the achievement of primary and secondary goals has a relationship or impact on the individual's self-empowerment. By having a better understanding of this construct from the learners' perspectives, one might be able to determine if transformational learning is taking place.

The rationale for this study was twofold. First and foremost, the purpose of this study was to shed light on how the current practices within the vocational rehabilitation training programs for adult learners who are deaf-blind could be reframed by making explicit the instructional strategies perceived by adult learners to be empowering.

Second, the study was designed to empower research participants by making space for construction of knowledge through listening to their journey of the "wayfarer." The voices of individuals who are deaf-blind are absent in the research arena. Without the voices of the individuals who are deaf-blind, how do researchers even determine what are the relevant variables and relevant issues to study (Honey, 1999)? The disability movement in this country was built on the premise that individuals with disabilities must have input into service delivery, and being listened to in this process is a fundamental and inherent right. "An informed consumer is the best authority on what his or her service needs are, how these needs are best met, and whether these needs are being met appropriately" (Kosciulek, 2005, p. 41). How a person with a disability contributes input

and how this input impacts their service program and their perception of their overall success with their program has yet to be addressed in the literature. There are no prior studies addressing whether and how self-empowerment was strengthened or a required aspect of the rehabilitation experiences for deaf-blind youth or adults. There is a dearth of research in the literature specific to individuals who are deaf-blind and rehabilitation practices. Using ProQuest with inquiry for advanced search using the term *deaf-blind*, *deaf-blind(ness)*, and *deaf-blind and empowerment*, only two articles were available, an exceptionally small number. At the recent World Federation on Deaf-Blindness meeting, a literature review revealed 900 peer-reviewed articles on deaf-blindness worldwide (Woodfill, personal communication, 2017).

How both the individual and the professional partner frame the process of rehabilitation influences the “horizon of expectation” (Popper, as cited in Mezirow, 1991b, p. 38). “Our current frame of reference serves as the boundary condition for interpreting the meaning of our experience” (Mezirow, 1991b, p. 32); therefore, a study that is inclusive of the voices of the adult learners who are deaf-blind can significantly alter and expand the boundaries of practice.

Definition of Terms

Empowerment—a mechanism by which people , organizations, and communities gain mastery over their affairs (Rappaport, 1987, p.122) . Empowerment has been associated with the concepts of self-efficacy, self-advocacy, competence, and self-perceived stigma (Frain, Bishop, & Tschopp, 2009).

Haptics—a standardized system of providing visual and environmental information and social feedback via touch on the body. Haptics was developed in the early 1990s in Norway. The creators of this system were deaf-blind.

Self-efficacy—a measure of a person’s assessment of his/her abilities in a given situation.
(Thornton, Mattocks, & Thornton, 2001 p.2).

Support Service Provider (SSP)—a specifically trained professional who enables people who have combined vision and hearing loss to access their environments and make informed decisions. SSPs provide them with visual and environmental information, sighted guide services, and communication accessibility.

Tactile sign language—a way that deaf-blind people may communicate in sign language in a tactual form. Signs are formed hand-on-hand.

Transformational Learning—When we transform our taken-for-granted frames of reference (meaning perspectives, habits of mind, mindsets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that prove more true to guide actions.
(Mezirow, 2000, p. 8).

Usher Syndrome—an inherited condition involving both hearing and vision loss and retinitis pigmentosa, an eye disorder that causes gradual loss of vision. Researchers have identified three types: Usher syndrome type I (Usher I), Usher syndrome type II, and Usher syndrome type III. These types differ from each other with respect to severity of hearing loss, age of onset of hearing and vision loss, or presence or absence of a balance problem (Helen Keller National Center, 2002).

Chapter II

REVIEW OF THE LITERATURE

Introduction

This study is situated among multiple lines of inquiry and bodies of literature due to the complexity of the phenomenon being addressed. The context of vocational rehabilitation presents with established operating principles and practices. It is helpful in setting the stage for the study to make explicit the current status of the vocational rehabilitation programs for adult learners who are deaf-blind, including the state of the art and common practices, in order to build a preliminary framework of the goals, criteria, service practices, and outcomes currently enacted among this learning community. In addition, through a review of the literature, the current challenges and gaps were identified that bear relevance to the significance of the study. There are three interrelated bodies of literature that contribute to the context/canvas for its design:

1. The Construct of Empowerment
2. Social Model of Disability
3. Vocational Rehabilitation

The literature was queried to discern the main and essential understandings of these core components in order to frame how current theory and practice shape the points of inquiry for this study. What is currently known about empowerment, the social movement of disability, and vocational rehabilitation constitutes the dynamic backdrop or landscape in which this study is situated. Each area contributes the supporting

interpretation and meanings illuminated through this investigative study. Each area has a stake in the ground in the “land of self-empowerment.” This researcher refrained from using prior research to establish an a priori conceptual framework as the foundation for the study but rather sought to erect a conceptual framework by constructing knowledge with the building blocks of the expressed words and meanings of the 18 study participants. Nevertheless, the literature review provided the point of entry and partial context to the meaning-making within the data collection and synthesis of findings.

The key search words utilized during this literature review included: *deaf-blind*, *vocational rehabilitation*, *empowerment and disability*, *empowerment and vocational rehabilitation*, and *disability*. As the data collected during the study were analyzed, additional key search words included: *transitions*, *adult education*, *transformational learning*, and *self-identity and disability*. The literature review utilized multiple sources: electronic databases of Psych/Abstract and ProQuest to identify relevant peer-reviewed articles, research, and publications. In addition, the review included seminal and relevant books and articles on theory and practice on adult learning, deaf-blindness, and vocational rehabilitation.

Topic One: The Construct of Empowerment

The current research in the field of vocational rehabilitation and adult learning provides only a partial, somewhat limited lens to examining this multi-dimensional construct of empowerment to reveal whether it deserves a pivotal position among learners who are deaf-blind participating in a vocational rehabilitation program. This is despite its being identified as a critical variable in rehabilitation research almost 30 years ago by scholars, practitioners and individuals with disabilities.

The empowerment construct has been a central tenet of the disability experience. This construct is often a valorized depiction of people in our society who have gained

some distance between the perceived shortcomings in themselves or their environment through learning, experience, and action. Scholars and practitioners in adult education, psychology, social work, and rehabilitation have carried the banner for the empowerment of all people who are socially marginalized, including people with disabilities (Power, 2006; Rappaport, 1987; Riger, 1993; Sprague & Hayes, 2000). Empowering individuals exert influence over their community through collective action (Christens & Lin, 2014).

The literature revealed a variety of studies that specifically link the disability community to the importance of empowerment; yet, despite all the attention being paid to the construct of empowerment, there has been little critical discussion and agreement of what the concept means (Beck, 1994; Boehm & Staples, 2002; Power, 2006; Sprague & Hayes, 2000). A number of authors and researchers have attempted to make correlations between individual or personal dimensions of empowerment and self-autonomy, self-efficacy, self-determination, and a proactive approach to life and a critical understanding of the sociopolitical environment (Abery, 1994; Breeding, 2008; McWhirter, 1991, as cited in Sprague & Hayes, 2000; Zimmerman, 1995).

A favored definition in the literature describes empowerment as an “intentional, ongoing process centered in the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources” (Cornell University Empowerment Group, 1989, cited in Rappaport, 1995, p. 802).

“Empowerment has been theorized as interconnected processes and outcomes at the psychological, organizational and community levels” (Christens & Lin, 2014, p. 212).

At the individual level, rather than being viewed as an attribute, attitude, ability, or behavior (Sprague & Hayes, 2000) one may or may not possess or possess to varying degrees, empowerment has been considered fluid and contingent upon an individual’s educational, social, political, and cultural contexts (Sprague & Hayes, 2000). Several authors construct empowerment as being “ecologically grounded” (Riger, 1993),

inseparably tied to a specific context. The notion of empowerment has been operationalized as a “person-environment fit” (Fawcett et al., 1994, p. 124). All individuals bring skills, abilities, and experiences to any social situation. A person with a disability in addition perhaps brings some physical, biological, mental, emotional or cognitive differences. Fawcett et al. purport,

Environments may present barriers (discrimination, poverty, and physical hazards) and/ or supports (people, resources, policies, cultural values) and the magnitude of the match between supports and disabilities can promote or diminish one’s empowerment. Thus empowerment can be increased by sharing skills, removing obstacles or enhancing access to resources. (p. 124)

The cherished service link or resource for support that may remove obstacles and enhance access among the deaf-blind community is the provision of Support Service Providers (SSPs). The SSP has a defined role of providing visual, auditory, and social information in such a way as being referred to as the eyes and ears of the person who is deaf-blind. The SSP maintains boundaries whereby decision making and control are left entirely in the hands of the deaf-blind person. The purpose of the SSP is to provide access, enabling a deaf-blind person to access their environment in their everyday life in order to fully participate in daily activities common to any adult and fully engage in a community life that is meaningful and fulfilling. In most communities throughout this country, these fundamental services are limited or unavailable. The question remains: How does having access to these services support self-empowerment? This author contends that the “person-environment fit” definition of empowerment for individuals who are deaf-blind would necessarily include access to an SSP. A person who is deaf-blind can influence, exercise control, and take action only when they are full, active participants in their everyday life. The services of a SSP is considered by many individuals who are deaf-blind to be the necessary conduit to self- leadership and an authentic life.

Empowerment has been defined as “the transfer of power and control over the values, decisions, choices, and directions of human services” (West & Parent, 1992, p. 48). This ideal of consumer control and power in the decision-making of these services is often constrained by the external realities that are comprised of systems and policies derived from government funding agencies, service providers, and other socially constructed conditions.

The definition of empowerment has been presented as the “state of being able to meet one’s goals” (Pratto, 2016, p. 11), which is viewed as contingent upon an individual’s environment, whether or not there are opportunities to achieve goals, and whether the individual has the capacity to achieve these goals. One may experience obstacles to empowerment because of deficiencies in environment, capabilities, or both.

Klein and Cnaan (1995) focused on the provider-client relationship as crucial for the development of empowerment and called for an “advocacy/empowerment approach,” in which the main goal is to facilitate the transformation of the consumer from a passive recipient of services to an active consumer/advocate.

Riger (1993) connected empowerment to the community and argues that in order for individuals with disabilities to be empowered, all marginalized groups must be empowered. She criticized the tendency of some authors to see empowerment as an individualistic idea emphasizing agency, mastery, and control, which she refuted as a limited conceptualization that encourages competitiveness and not connection. Individuals with disabilities can gain or achieve a more broadly empowering relationship through the quality of their interaction with their community. Community activists often find themselves advocating for special services, supports, and a shift in mindset when social policy is discussed. If communities were to empower individuals with disabilities, the dialogue would look and sound quite different and would consider and include terms like interdependence and care-taking, thus making shared needs more salient than special services. These activists propose that the lines of marginalization can be blurred when

members within communities connect with common needs and interests, such as when people work together to harness their efforts to impact community services and accommodations. A basic example of this could be approaching a community agenda of curb cuts for a neighborhood as an issue of accessibility not only for individuals who use wheelchairs but also for those who use strollers (Sprague & Hayes, 2000). The community serves the needs of its members through examining the environments, policies, and practices (a person-fit strategy for all community members). This perspective promotes ways to identify gaps within a community in an inclusive manner without labeling.

Some authors have grounded empowerment to social relationships and its inherent qualities representative of a partnership of reciprocal mutual respect and empathy, and, depending upon the nature of relationships among individuals, a person's empowerment may be strengthened or diminished (Sprague & Hayes, 2000). "The most empowering relationships are mutual, recognizing and building on the diverse contributions and needs of participants in ways that seek to minimize inequities over time" (p. 671). These authors contend that some of us are self-determined because we are in interpersonal and social structural relationships that empower us.

Thornton, Mattocks, and Thornton (2001) identified a set of strategies for the educator to provide learners with opportunities to promote empowerment. These included providing learners with ways to experience "impact, self-efficacy, autonomy, involvement opportunities for professional growth and a positive self- image with positive expectations and effective interactions with others" (p. 2).

The literature provides conceptual models respective of multi-cultural competencies recommended for practitioners as key to promotion of empowerment within the context of counseling relationships (Bellini, 2003). Collins and Arthur (2007) developed a framework that encompassed skills, knowledge, and attitudes to infuse cultural competence into the client-practitioner relationships. This framework included

the domains of cultural awareness of personal assumptions, biases, and values, having cultural awareness of others (the client) and a culturally sensitive working alliance. The framework highlights reflective practice as a way in which professionals can gain greater self-awareness of how their own behaviors, attitudes, and actions impact the empowerment dynamic. This framework is specifically addressing those practitioners who are members of the dominant culture, who are privileged and may not easily be able to recognize the impact of the differences in worldview of others and how this might impact practices. Diminishment or disempowering practices may be a result of a lack of cultural competence. The importance of bringing the whole person into the room (interaction) includes bringing the cultural values and worldview of the learner into the learning situation. Cultural competence is a possible crossroad of where paternalism and oppressive practices versus empowering practices are rooted. The competencies identified in this framework give attention to awareness of the impact of dominant versus non-dominant culture on access to resources, options, and opportunities. The highlighted discrepancies or inequities can be observed among the minority and marginalized communities and are relevant to the deaf-blind community. Practitioners are called upon to recognize how in their role they may inadvertently be dismantling or perpetuating these inequities and critically reflecting on how their position of privilege can obscure their own line of sight.

It has been argued by researchers that existing models of empowerment lack specificity or incorrectly describe the construct, and alternative models are recommended. Complicating matters further is that empirical studies show different results depending upon how the construct of empowerment is conceptualized. This lack of agreement among researchers on how empowerment is defined has brought some scholars to a recognition that empowerment can be described as a multidimensional construct (Peterson, 2014).

Zimmerman's (1995) construct/model of psychological empowerment is described by three components: intrapersonal, interactional, and behavioral. An additional fourth component—relational—was added by Christens (2012). In this model, *intrapersonal* refers to an individual's belief that one has the ability to influence predicaments in a variety of contexts. *Interactional* is defined as an individual's ability to understand sociopolitical contexts and obtain and manage needed resources to achieve goals. The *behavioral* component refers to the individual's ability to act upon their environment to achieve desired outcomes (Peterson, 2014, p. 101).

The model of empowerment and resilience (Brodsky & Cattaneo, 2013) drawn from community psychology describes a distinct demarcation between the two constructs. Resilience is defined as a change within the learner aimed at intrapersonal actions and outcomes, which include the learner adapting, tolerating, or opposing situations. These authors contend that without a learner's engagement in changing socially focused goals that will improve conditions of relationships, situations, power, dynamics, or contexts, there is no evidence of empowerment. Any change within the individual that denotes a change of how a person sees him or herself is representative of resiliency (Brodsky & Cattaneo, 2013).

The binary distinction between resiliency and empowerment further illustrates how the construct is obliquely defined in the literature contributing to the challenge of studying this phenomenon. For the purpose of this study, the researcher did not prescribe to either the psychological or social definition of empowerment but rather remained open to the continuum of variations of experiences of self-empowerment among learners. The researcher recognized that not everyone interested in studying the construct might align with how she is choosing an inclusive framework of empowerment centered on the meaning-making and experiences of the learner and not a precise definition of whether empowerment must be motivated by goals that extend to social action by the individual. Many would argue that you cannot study empowerment without studying the oppressive

forces within the social context of the learner (Charlton, 2000; Freire, 1970; Rappaport, 1984; Zimmerman, 1990). Marginalized groups within society who are vulnerable may live in less than desirable conditions, without inclusivity and equal access to the resources and opportunities of those who are targeted for empowerment-based practices and interventions. There is a significance to supporting the self-empowerment among deaf-blind learners who may be lacking equal access to community resources and opportunities. The origin of self-empowerment for the purposes of this study is conceived to be within the learner, however the learner's self-empowerment is born and exercised in context. Table 1 provides an array of definitions of empowerment from the literature and the assumptions that these authors have regarding its central meaning.

A number of studies have attempted to measure empowerment and its relationship to other outcomes of vocational rehabilitation (Fleming, Del Valle, Kim, & Leahy, 2012). One such model is the "Consumer-Directed Theory of Empowerment" (CDTE). It was developed to provide a theoretical framework for the development and evaluation of disability policy and rehabilitation service delivery and the outcomes of these processes in relation to community integration, empowerment, and improved quality of life for people with disabilities (Kosciulek, 2005). Empowerment was defined as

having internal- psychological dimensions as well as external situational dimensions. Internal dimensions included a sense of control, competence, responsibility, participation and future orientation. The external aspects of empowerment were described as a person having control over resources, interpersonal skills, successful work, organizational skills, and savvy ability to get around in society. (p. 42)

Kosciulek (2005) conducted a study to test the hypothetical structural model of the Consumer- Directed Theory of Empowerment (CDTE) using data on 721 consumers in the vocational rehabilitation context drawn from the Longitudinal Study of Vocational Rehabilitation Services Program (LSVRP) database. This model is constructed upon the premise that consumer involvement in the rehabilitation programs at all levels of

Table 1. Sample of the Array of Definitions of Empowerment in Disability Literature

Author	Definition of Empowerment	Assumptions
Thornton, Short, & Rinehart (2001)	Multi-dimensional; impact, self-efficacy, autonomy, involvement in decision making, opportunity for growth	Personal efficacy and other attributes
Sprague & Hayes (2000)	Fluid and contingent upon an individuals' educational, political and cultural contexts	Empowerment can be strengthened through relationships
Charlton (2000)	Raised consciousness – disability perceived as societal issue not personal tragedy	Action to influence power structures
Balcazar, Mathews, Francisco, Fawcett, & Seekins (1994)	Equal share of valued resources and control over resources	Resource re- allocation
West & Parent (1994)	Transfer of power and control over values, decisions, choices and directions of human services Involves both internal and external aspects Internal – psychological – sense of control, competence, responsibility, participation and future orientation. External- situational social – control over resources, interpersonal skills, work, organizational behaviors, and ability to “get around” in society.	Consumer input into the design of services
Kosciulek (2005) CDTE	Providing an empowering context for vocational assessment can include informed choice, active involvement and self-determination by the consumer.	Individuals with disabilities are experts in their service needs. (service delivery is based on individual needs)
Power (2006)	Empowerment practices promote consumer contextual understanding and these are crucial to consumer informed choice and self-determination.	Consumer-direction, consumer integration and quality of life are interrelated with empowerment.
Breeding (2008)	The mechanism by which people, organizations and communities can control over their affairs	Traditional roles of the professional must be re-framed.

Table 1 (continued)

Author	Definition of Empowerment	Assumptions
Zimmerman (1995)	Individuals or groups gain greater control over their lives, acquire rights, valuable skills and resources to achieve important life goals and reduce marginalization	Gaining contextual self-understanding enhances career success. (mechanisms include policies of informed choice, self-determination, reasonable accommodations, and assistive technology)
Rappaport (1981, 1987)	A strength-based, non-expert approach that emphasizes the ability of people to engage in solutions to tackle problems that are challenging them	Collective action to influence community change processes. Transforming self and societal marginalization
Pratti & Zani (2013)	Enacted socially through learners personalized goals specific to changing power; a meaningful shift in the experience of power attained through interaction in the social world. Learner takes action and makes progress with goals, reflects on impact of his or her actions.	Control over decisions of life significance, self- efficacy developed through learning from experience
Brodsky & Cattaneo (2013)		Self-agency , taking action to enact social change

operation is essential. Using a variety of instruments, satisfaction questionnaires and interviews, follow-up interviews, and F126 data files analysis, the study examined the relationship among an array of variables, including consumer direction, community integration, empowerment, and Quality of Life (QOL). The findings of this study report a statistically significant and direct relationship of consumer direction and consumer integration with empowerment and a direct relationship from empowerment to QOL with higher levels of empowerment relating to higher levels of QOL. The results encourage future research to develop individual and systematic interventions geared to facilitating consumer direction in policy development and service delivery, which, in turn, could enhance consumer community integration, empowerment, and QOL outcomes. This

study was helpful in creating an improved model to illustrate the causal links among such variables as consumer direction, consumer integration, empowerment, and quality of life; however, absent was the actual translation of how to facilitate and promote consumer direction, thereby promoting empowerment. This unknown has significant implications for instructional practices within the context of a vocational rehabilitation program.

Breeding (2008) conducted a study to examine vocational assessment practices utilized in vocational rehabilitation and their effect on consumer empowerment as it relates to work-related locus of control (LOC) and career decision self-efficacy (SE). His study included 40 participants, 20 in treatment and 20 in a control group receiving no services. A convenience sample was chosen through two community-based rehabilitation programs in the state of Kentucky, both offering an array of the typical services such as vocational assessment, job readiness classes, and job development. Participants were described as having a degree of similarity with regard to disability types. The participants in the experimental group were administered several standardized assessments—the Self-Directed Search (SDS) and Work-Interest Profile for Rehabilitation Counseling (WIPRC)—during the vocational assessment process. This study aimed to examine the traditional areas of vocational assessment (finding out about occupations, assessing one's abilities, selecting a training or career goal, identifying employers relevant to personal interests) and revealed that these methods did little to enhance consumer self-efficacy related to vocational choice and career development. The authors emphasized how an individual's contextual self-understanding is pivotal to their ability to demonstrate self-determination during the process of career assessment. The traditional tools of vocational assessment are designed with the assumption that each consumer can make informed choices. Breeding's study provides an additional layer of complexity to understanding empowerment practices, focusing on the pre-requisite of self-understanding in relation to the context in order to have successful and meaningful participation in the rehabilitation process.

Hough and Paisley (2008) investigated the effect of the empowerment process on psychological empowerment among individuals toward recreation and leisure participating in an adaptive adventure program. These authors postulated that empowerment of the intrapersonal subtype (aligned with perceived control, motivation, self-efficacy, perceived competence, and mastery), as conceptualized by Zimmerman and Rappaport (1988), could be enhanced by participation in the program when empowerment process was emphasized and an integrated practice. The findings of this study suggested that empowerment may in fact be dispositional, implying that the sense of empowerment has already been developed and can be generalized from one situation to another, rather than situational, which connotes that it is non-context-specific and dynamic in nature. This finding has implications for programmatic efforts aimed at increasing empowerment. The study was conducted with a small sample size, and the training to the instructors was limited on the empowerment process and thereby leaves these findings suspect and in need of further investigation.

Power (2006) presented effective strategies to operationalize the concept of empowerment during the vocational assessment, stressing the collaborative quality of the process and the skills of the professional in building an open, meaningful, and trusting relationship with the consumer in order to understand the individual's perspective and support a shift from negative beliefs and environmental barriers to disability management. As a result, the sense of empowerment is often accompanied by a gain in competencies, leading to self-efficacy, self-confidence, enhanced resource capacity, self-advocacy skills, and an experience of greater self-value and worth (Power, 2006). Power explains how each step in the vocational assessment process—the interview, assessment process, interpretation of assessment process, and rehabilitation planning—can be an opportunity to re-invent to role of the professional as “advocate, coordinator, collaborator, educator and even co-manager” (p. 25).

The literature has yet to provide empirical data that may qualify or describe the sense of empowerment as it is experienced and internalized by the learner during instruction (Hough & Paisley, 2008). A few studies evaluated the effectiveness of programs that fostered empowerment as a targeted outcome (Bentley; 2000; Christopher, Dunnagan, Duncan, & Paul, 2001; Ehrlich, 2010; Rogers et al., 2007; Sziros & Griffiths, 1990). The studies involved a variety of learners and methods for enhancing empowerment among learners.

The outcomes from these studies that bear relevance to the study among learners who are deaf-blind revealed positive outcomes identified as positive changes in the ways learners saw themselves. Learners reportedly gained resources and initiated taking action. They had reportedly reassessed their assumptions regarding their disability, participated in identifying a collective identity, established a peer support network, and developed a perspective of optimism about the future. The practices were commonly inclusive of peer support, role models, or training on life skills. Overall, the studies available in the field of vocational rehabilitation represent promise, with continued research on the important goals of identifying and defining interventions and for the measurement of self-empowerment-related outcomes.

That said, the barriers to self-empowerment and the existence of marginalization are deeply rooted in the historical perspective of ableism and have significant implications for how learners with disabilities perceive and experience their quality of life. The social model of disability provides a reframing of how individuals with disabilities can navigate the negative effects of imposed societal limitations by increasing their personal, social and political power and fighting the indoctrinated acceptance of the status quo, thus the importance of including this second body of literature.

Topic Two: Social Model of Disability

Prior studies have illustrated how the current model of rehabilitation can engage individuals with disabilities as disempowered partners through labeling, and through the types of definitions created to determine eligibility using a deficit or medical model. Authors have identified ways that the medical profession has contributed to the oppression of people with disabilities through “maintenance of the medical/knowledge power differential, reinforcement of the sick role, and objectification of people with disabilities” (Hayes & Hannold, 2007 p. 355). The medical model conceives a disability as an impairment located within the individual and is described as a biological or psychological deficit (Bogart, Rottenstein, Lund, & Bouchard, 2017). The medical model of disability places the onus on the individual, and consequently the resolution of the challenges associated with the disability are perceived to be the responsibility of the individual. Unlike the medical model, which ascribes disability as a pathology, the social model of disability views a disability as a consequence of society, and the associated challenges, stigmas, and obstacles are largely due to the state of affairs within society. The social model seeks to empower individuals with disabilities to enact social change to improve their conditions.

The assertion that disability is socially constructed has been made by many authors (Inglis, 1997;1992; Groce, 1983; Hahn, 1991; Wolfensberger, 1983, as cited in Sprague & Hayes, 2000). The social stigma associated with disabilities is ongoing. People are regularly confronting attitudes and cultural images of comparison. The negative stereotypes of the dominant culture results in individuals with disabilities often struggling to develop a positive sense of self despite this social force, which impedes self-esteem, self-expression, and self-authenticity.

Galvin (1996) contributed to this position by examining the narratives of 92 people with disabilities from four countries to understand the formation of the disabled identity.

The responses of the participants in this study revealed three major themes that contributed to their negative self-perception: independence, work, and appearance/sexuality. These are all considered pivotal characteristics/values from the White male perspective. Strikingly, those individuals who were able to transform the meaning-making of their disability from one that is internalized and conceptualized as an individualistic challenge to an externalization of a societal challenge were able to overcome their negative self-perceptions. The recognition that the disability was an undesirable identity imposed by society empowered the individual to challenge the existing social, cultural, and political norms.

Sprague and Hayes (2000) discuss how the processes of objectifying, decontextualizing, and dichotomizing creates a major blind spot in the mainstream knowledge and permeates the way we speak about empowerment. These processes permeate meaning-making and “reproduce a logical dichotomizing of normal/disabled” (p. 676). An example of this is the independent/dependent dichotomy. Vocational rehabilitation training places an emphasis on gaining skills that maximize a person’s independence and minimize their dependence on others. The unspoken belief and lived reality is that we are all interdependent (Sprague & Hayes, 2000). To take this attribute of independence as the single most prominent outcome for a successful rehabilitation experience creates a further distinction between disabled and non-disabled individuals and engages them in a system that may itself may be disempowering.

Charlton (2000) examined the lives of activists with disabilities and discovered a phenomenon of “raised consciousness,” which is described as an evolved awareness of self. There is a change in consciousness whereby the person no longer associates disability with a unfortunate medical condition but sees it rather as a social condition. This is liberating to the individual, since now they can fully appreciate their interconnectedness and commonality with others. The new consciousness replaces old associations of isolation and division. This description by Charlton is similar to Freire’s

(1970) concept of “conscientization”—a continuum of values and ideas that reject the dominant ideology. Freire introduced the idea of emancipatory learning as the process that creates an opportunity for an individual to gain self-knowledge. Through this self-knowledge, the individual frees himself/herself from “misconceptions, ideologies, and psychological distortions that limit his/her options and control his/her life” (Vogelsan, 1993, p. 9). Charlton (2000) takes this a step further to describe “empowered consciousness,” which includes active opposition to the dominant ideology enacted through education, protests, and seeking power over resources. The essence of this empowered consciousness is meaning-making by the person that one can influence the power structures and recognize the value of collective effort in order to accomplish change.

The Social Model of Disability by the Union of the Physically Impaired Against Segregation (1976) proposed that disability is a result of a social structure that functions to exclude certain people from accessing employment, social resources, and positive identities. (Charlton, 2000). Thus, the disabling of identity can be understood not as a personal misfortune or an inevitable consequence of physical loss, but as a socially created phenomenon that can be challenged and changed. This perspective of disability brought about the movement that unified the community toward action.

The challenging and changing of the political and social structure that perpetuates these inequities is described as a process among disability activists as well as professional activists. It is not uncommon for service systems to be organized by policies and mandates that only “superficially address the needs of people [for] whom the services were created” (McKnight, as cited in Frank, 2005, p. 2). When service providers find themselves embedded in these systems, it becomes a question of how they can critically reflect on the services and oppressive practices to promote meaningful change. This study sheds light on how individuals experience empowerment during instruction and thus provides recommendations of how services are developed and implemented and

questions what might preserve or dismantle the existing structures that may be oppressive from the perspective of the deaf-blind learner. Although much about the social model of disability is derived from the work of the disability community several decades ago, there continue to be barriers and struggles across the disability community. Current leadership among the community promotes a continuous effort to improve the services and level the playing field of opportunity for individuals with disabilities, including leaders among the deaf-blind community. The system, the community, the family, and the individual can benefit from changes in present circumstances. The pathway to self-empowerment for some learners may include participation in vocational rehabilitation. This is the context in which the study resides and is the next topic to be addressed.

Topic Three: Vocational Rehabilitation

By preserving the values of vocational rehabilitation once appropriate to post-World War I veterans, vocational rehabilitation has existed as a tool for occupational training. However, in today's society can this focus on instrumental learning be adequate for meeting the contemporary challenge of "competencies and capacity for dealing with ambiguity and emergent change" (Nicolaides & Yorks, 2008, p. 56)?

The last five decades have experienced an evolution in the literature about the design of services from a "power over" (explicit or implicit dominance) to a "power to" (the opportunity to act more freely within some realms ... through power sharing" (Hollander & Offerman, 1990, p. 179). The mainstay mission of the vocational rehabilitation program for individuals who are deaf-blind has been to provide an array of training opportunities; however, beyond this, there is a dedicated mission to work in partnership in order to create changes that will lead to economic, social, and political equality and opportunity.

The disability community is comprised of individuals with varying and different abilities, and the value of empowerment is recognized among various participants in vocational rehabilitation, including people with mental health challenges, blindness and vision loss, physical disabilities, deafness and hearing loss, and traumatic brain injury, to name a few. Although the literature fails to address the community of adult learners who are deaf-blind, there may be elements of practice that can be borrowed from other disability groups that would be empowering to deaf-blind individuals participating in the vocational rehabilitation process. The literature is disparate in terms of how the strategies promoting empowerment from one sub-group of learners is generalizable to other groups. Although it is undetermined which strategies may be disability-specific, each study has contributed to the body of knowledge and theoretical models of empowerment. The community of people with mental health has empowerment practices embedded in their evolution of services, more commonly perhaps because of the gross stigmatizing effect experienced by these individuals. Some evidence-based practices within the field of mental health rehabilitation that enhance empowerment among the community have been identified to include (a) active participation by individuals in development of their treatment plan; (b) consumer input into service models, environments, and specific interventions; (c) the sharing authority between service providers and consumers; (d) provision of consumer-centered services; (e) consumer's role as service provider; (f) consumer-operated services; and (g) participatory action research (Corrigan, 2004).

The blindness community has advocated for inclusion and accessibility as an empowering practice (Whyte, 1991). Creating systems level and environmental changes to accomplish accessibility and protect human rights has been an impetus for empowerment among the community members.

Among adult learners who are deaf-blind, adaptive skill training is a common aspect of vocational rehabilitation, but for some, the feelings of low self-esteem are exacerbated due in part to the strong emphasis placed on employment outcomes.

Aligning with the Western culture is a system built upon values where identity is equated with “what I do “as opposed to “who I am.” The traditional vocational rehabilitation is a setting of change, and this change may go beyond overcoming barriers of communication, travel, technology, independent living, and employment. If an individual can reshape their learning experience to not only include utilitarian values and goals, is it possible to recast the adult learning rehabilitation milieu as well and redefine the boundaries of rehabilitation?

Over a decade ago, leadership within the Rehabilitation Services Administration clearly put forth a message that the professional roles will change with the adoption of an empowerment-based philosophy. This projection has begun to bear fruit; however, further research on the continued evolutionary path of practices is needed.

A review of the empirical literature (Fleming et al., 2012) identified research studies that were indicative of best practices for fostering consumer success and achieving their rehabilitation goals. One of the seven categories used in review of the studies was empowerment. Fleming et al.’s literature review revealed evidence of a positive correlation between self-concept (Saunders, Leahy, & Frank, 2000), self-esteem (Ferris, 1999), consumer involvement and service satisfaction (Ferris, 1999), employment outcomes (Ferris, 1999; Saunders et al., 2000), community integration (Kosciulek, 2005), and quality of life (QOL) (Kosciulek, 2005). Saunders et al. (2000) demonstrated that self-concept may be the most effective predictor of employment outcomes using a quasi-experimental design and a psycho-educational intervention in the Vocational Rehabilitation program.

Several other studies bear significance to the investigative focus of empowerment. Individuals with disabilities valued services that were welcoming and when they were able to connect with professionals. Agency culture, specifically a team approach, influenced the consumers’ achievement in obtaining a job. The outcome of well-being (physical, family and social, and financial) was found to be correlated with services

aimed at functional skills in self-direction, work tolerance, general employability, and self-care. These results, as well as other studies, underscore the elements of a successful practitioner-learner relationship in the rehabilitation arena. Lustig, Strauser, Rice, and Ruckeer (2002) found that a positive consumer-counselor relationship had a positive influence on employment outcomes and consumer outlook.

Consumer involvement as the primary decision makers and as active participants rather than passive recipients of services has long been recognized as a primary tenet in vocational rehabilitation (Shaw, McWilliam, Sumsion, & MacKinnon, 2007). Consumers who play a primary active role in providing input to employment goals and activities and self-determine the anticipated outcomes of their training experience typically experience greater gains (Emener, 1991).

Ferris (1999) found that empowerment training significantly impacted rehabilitation consumers' outcomes in a number of areas as opposed to those consumers who did not receive empowerment training. These areas included higher rate of employment, lower rate of dropout from services, and lower case costs. In addition, when consumers were contacted at one and two years for follow-ups, individuals who received empowerment training reported a higher sense of control and self-confidence. Consumers reported the benefit of how the training had helped them maintain their current employment. The findings of the studies linking self-concept, empowerment, increased consumer satisfaction with services, and enhanced vocational outcomes support this study that is designed to further investigate empowerment-based practice from the learners' perspective.

Conclusion

In summary, the literature situates the research study in the context of several greater bodies of knowledge, namely, the construct of empowerment, the social model of

disability, and vocational rehabilitation. Currently the research on empowerment-based practices specific to adult learners who are deaf-blind remains narrow, shallow, and opaque. Prior studies have illustrated the value of investigating the construct of empowerment and its related variables of informed choice, self-determination (Cmar, McDonnall, & Markoski, 2017), practitioner/learner collaboration (Power, 2006), goal setting and achievement (Pratto, 2016), personal adjustment skills, knowledge of available resources, and self-agency (Breeding, 2008), to name a few. These variables and findings have value for the vocational rehabilitation goals and process among adult learners who are deaf-blind.

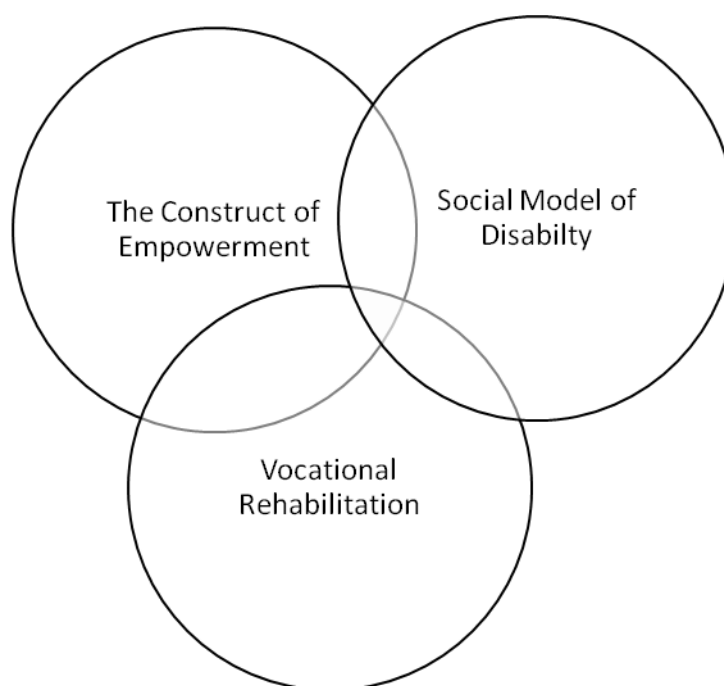


Figure 1. The Bodies of Knowledge Where the Study Resides

Figure 2, Empowerment-Based Practice—An Initial Analytic Framework, depicts the sources of information that will be obtained to investigate the three research questions of this study.

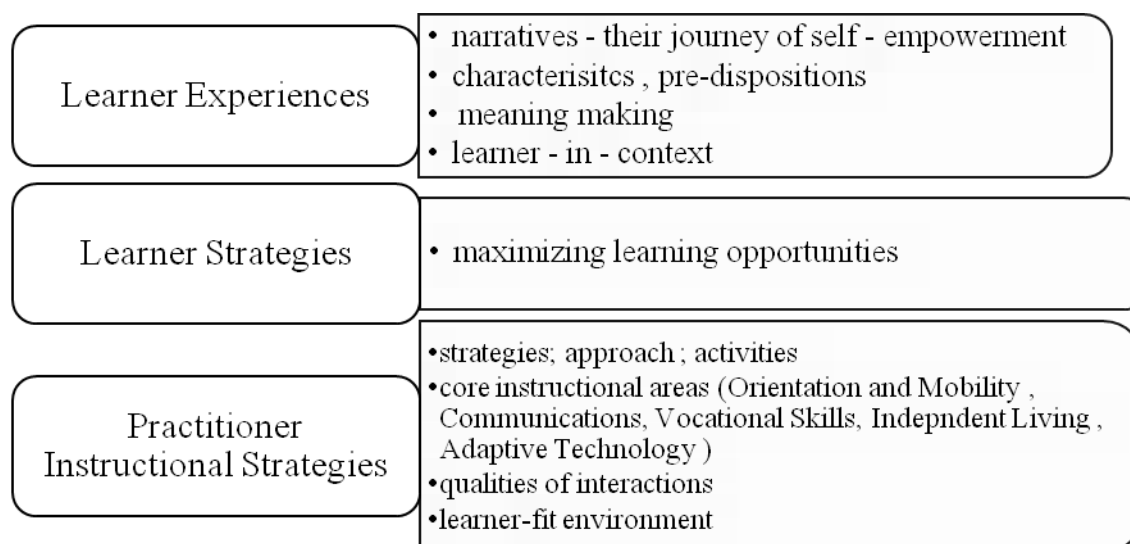


Figure 2. Empowerment-Based Practice—Initial Analytic Framework

The study began with the learners and not a pre-determined set of variables. However, the researcher recognized how describing the disability community from a social and historical perspective, current constructs of empowerment among other social groups, and the prior research conducted in vocational rehabilitation regarding empowering practices all informed the study and provided a useful context, aiding the researcher in making sense of what was happening.

Chapter III

METHODOLOGY

Overview of the Study

This study examined a myriad of variables regarding the vocational rehabilitation experience of 18 learners who are deaf-blind participating in a vocational rehabilitation program in order to gain a more in-depth understanding of what were the instructional practices that reportedly empowered learners. The researcher investigated the perspectives of the learners in order to reveal the critical elements of the training experience that led, enhanced, or influenced the reported sense of self-empowerment and examined a definition of self-empowerment based on the voices of the learners. An open-ended interview protocol was developed with 20 questions, which can be found in Appendix A. Specific demographic information for each participant was obtained via a questionnaire during a preliminary meeting to explain the project and answer any questions. A copy of the questionnaire is found in Appendix B. Additional background information on each participant is presented in Tables 3 and 4 and in Chapter IV.

The epic work on the construct of empowerment done previously by Rappaport (1981, 1987), Zimmerman (1995), and others provided substantive findings relative to the variables associated with empowerment. The deaf-blind adult learners participating in this study brought a fresh perspective to examining this construct. Prior research presents gaps and discrepancies, even though many facets of this multi-dimensional construct have been explored.

Research Design

The qualitative research design investigated the experience of empowerment through the voices of the 18 learners who may have experienced the phenomenon as participants in a vocational rehabilitation program. The inductive process utilized an open coding strategy to investigate three primary research questions. The initial analytic framework was the overall manner in which the investigation was structured. Learners' narratives and expressed responses during the interviews provided the rich data. Analysis and synthesis of coded transcripts allowed for findings and emergent findings to be discovered. Organization of data in tables illustrated further evidence and aligned with research questions, giving rise to recommendations for practice.

Information Needed and Sources of Data

The semi-structured interviews conducted resembled a conversation using open-ended inquiries to gather data. The interviews were approximately 90 minutes long and were held at a convenient time for the participants in a comfortable location; a quiet office at the site. Learners were informed that their participation was strictly voluntary and they could withdraw from the study for whatever reason without any consequence. Some learners met with the researcher for multiple sessions; this was both at the request of the researcher and in two instances was at the request of the participants to allow for follow-up questions or go farther in-depth to gain additional meaning. A protocol was developed that guided the researcher in the process; however, the aim was to use an open-ended approach to follow the lead of the participants. The interview protocol is available in Appendix A. Appendix D (Interviewees' Participation) provides information on the number of interview sessions and the duration. The interview protocol supported the process by making good use of limited time for the interview and allowed for an approach with multiple participants to be systematic and comprehensive.

Table 2 below identifies the sources of data, data collection tools, process, learner characteristics, and the manner in which the data were stored.

Table 2. Data Collection Matrix

Tool	Source	Characteristics	Storing Data
18 Questionnaires Interview Guide/Protocol Semi-structured In-depth interviews (16) (face-to-face) (1) Phone interview (1) Interview questions presented in text via email	18 deaf- blind adult learners	Participants- -7 culturally Deaf -10 identified as members of “hearing culture” -1 bi-cultural (see Table 3 and Chapter IV)	Audiotape 17 Transcriptions Coding schemes Tables Researcher notes Researcher memos Concept maps

The Study Sample

Participant selection for any study has the potential to influence data collection and ultimately findings. Therefore, it is important to employ procedures and criteria to minimize bias. The study used a purposeful sampling procedure with respect to including a representation of the diverse community. The invitation to participate was offered to any of the participants at the site who were enrolled in the program for at least two months or had completed the program within three months of the study.

The participants at the site were diverse and represent a wide spectrum with respect to age, etiology, culture, work history, education, degree of vision and hearing loss, age at onset of vision and/or hearing loss, and predisposition toward self-efficacy and self-determination. The selection criteria only maintained a balance with the characteristic of culture (Deaf or “hearing”) to ensure that research questions can be addressed by both major sub-groups within the deaf-blind population; however, this balance occurred naturally, and no interested prospective candidates were denied the opportunity to participate. Sixteen of the 18 individuals participated in a semi-structured face-to-face

in-depth interview. One participant participated in the interview via telephone. One participant responded to the interview questions electronically.

Creswell (1998) states a preference for selecting cases that “show different perspectives on the problem, process or event ... but may also select ordinary cases, accessible cases or unusual cases” (p. 62). By selecting accessible cases and recognizing the valued and varied life experiences of the learners, the phenomenon of self-empowerment was studied.

The participants for this study were selected through convenience sampling. The individuals were attending or had recently attended the program at a single site where the researcher had the ability to solicit volunteers. The invitation to participate was extended through a third party, a director of the program, so as not to allow the researcher’s bias to influence the selection. All participants received preliminary information, and if they had further questions, they were referred to the researcher for a more in-depth description of the request.

Table 3, Individual Learner Demographics, provides the demographic information on the 18 participants in the study, and Table 4, Learner Demographics Summary, offers a snapshot of the learner demographics of the 18 participants revealed through a questionnaire available in Appendix B.

Table 3. Individual Learner Demographics

Learners-Pseudonym	Male	Female	Age range	Culture of origin	Preferred Communication (Expressive/Receptive)	Onset vision/hearing loss	Etiology (Functional vision and hearing)
1.Barbara		X	30s	Hearing	Visual/tactual sign	20s/birth	Usher syndrome type I (Deaf, restricted field of vision)
2.Josh	X		40s	Hearing	Speech/ aural	12 yrs. Old/20s	Cataracts, gradual loss in hearing (totally blind, hard of hearing)
3.Anthony	X		30s	Hearing	Speech/aural	Teen Years/six yrs. Old	Usher syndrome Type II (hard of hearing, restricted fields)
4.Linda		X	50s	Hearing	Speech/aural	20s/8 yrs. old	Usher syndrome Type II (Hard of hearing , restricted fields)
5.Jianna		X	20s	Deaf	Sign / Tactual sign depending on environment	Teen Years/birth	Possible Usher syndrome Type I (deaf , restricted fields)
6.Charles	X		20s	Hearing	Speech /aural	Birth/20s	Norrie's Syndrome (Totally blind, hard of hearing)
7.Bill	X		50s	Hearing	Speech /aural	Birth/40	Congenital glaucoma/unknown (Totally blind, hard of hearing)
8.Rachel		X	20s	Hearing	Speech/tactual sign and voice	Teens/20s	Usher syndrome Type II (functioned tactually, required tactual sign as hearing unreliable)
9.Allie		X	50s	Hearing and Deaf	Speech/tactual sign and aural	Birth/40s	Usher syndrome Type II(speech, tactual sign and voice)
10.John	X		20s	Hearing	Speech/aural	17 years of age/20s	Neurofibroplasia (hard of hearing , totally blind)
11.Alice		X	30s	Deaf	Sign/ Tactual sign	20s/birth	Usher syndrome Type I
12.Tammy		X	20s	Deaf	Visual sign	Teen years/birth	Usher syndrome Type I (restricted fields, deaf)
13.Ed	X		30s	Hearing	Speech/ typing or tactual sign, fingerspelling and print on palm	30s/30s	Neurofibromaplasia (totally blind, deaf)
14.Juliet		X	50s	Deaf	Expressive -sign, receptive- tactual sign	20s/birth	Usher syndrome Type I (restricted fields, deaf)
15.Joel	X		30s	Hearing	Oral/.aural	Early childhood/20s	Usher syndrome Type II(light perception, hard of hearing)
16.Keith	X		30s	Deaf	Expressive- sign / receptive- tactual sign	20s/birth	Unknown(totally blind, deaf)
17.Sally		X	50s	Hearing	Oral/aural	Birth/40s	Retinopathy of prematurity (ROP) (totally blind,
18.Eve		X	60s	Deaf	Expressive -sign Receptive -tactual sign	Birth/40s	Usher Type I (expressive and receptive tactual sign

Table 4. Learner Demographics—Summary

VARIABLE	FREQUENCY	PERCENTAGE
Male/Female	8/10	44%/55%
Preferred Communication method		
Visual sign - receptive and expressive	3	17%
Sign, Tactual sign - receptive	9	50%
Speech -expressive and receptive	4	22%
Speech -expressive , sign, receptive	2	11%
Speech - expressive , typing on keyboard- expressive	1	5%
Ages		
20-30	5	28%
30-40	6	34%
40-50	1	5%
50 -60	5	28%
60 +	1	5%
Culture		
Deaf/hearing/dual	7 /10/1	55% /40%/5%
Onset of Vision Loss		
Congenital Blind /Adventitiously Blind	3/15	17% /83%
Degree of Vision / Hearing Loss		
Visually Impaired-(restricted fields, low Vision /Blind	10/8	55%/45%
Hard of Hearing/Deaf	6/12	33%/67%
Etiology		
Usher Syndrome Type I	6	33%
Usher Syndrome Type II	5	28%
Neurofibromatosis	2	11%
Norrie's Disease	1	5%
Congenital glaucoma/tumors	1	5%
Retinopathy of prematurity	1	5%
Other/unknown	3	13%

The Plan and Method for Data Collection

The researcher met initially with each participant to explain the study, that it was voluntary and would not in any way have an influence over the delivery of their current services and program. The researcher explained the issue of confidentiality and reviewed how confidentiality would be protected. An opportunity to ask questions was given to ensure complete understanding of both the purpose of the study and the overall content of the interview questions, as well as answer any concerns the prospective participant had. If

the candidate expressed interest in participating in the study, the researcher provided the candidate with a document to sign in accessible format (seven braille copies were distributed, and two were shared in electronic format for the participant to read with their computer using a braille display) stating the specific parameters of the study. Three learners did not have a reliable method for accessing print (braille skills were partial); therefore, the researcher, with support from interpreters communicating in tactile sign language, read the document aloud in its totality to ensure understanding. The learners were assigned pseudonyms to protect confidentiality.

An appointment was set in a location and time convenient to each participant so as not to interfere with their class schedule or other engagements. A team of two certified sign language interpreters were scheduled to provide full communication access for nine of the learners with a communication preference of visual or tactile sign language. Although the researcher is proficient in American Sign Language, certified interpreters were utilized with participants who utilized sign language as their primary method of communication to ensure full accessible communication and allowed the responses to be voiced and recorded. This process also ensured accuracy in the transcription of the interview and allowed the researcher to take notes during the interview. The researcher provided a gift card of \$20 to each of the participants with a personal expression of appreciation in recognition of the generosity of time and any inconvenience one might have experienced by agreeing to participate in the study. The 18 interviews were scheduled over the course of an 11-month period. The researcher withheld the dates of this 11-month period to protect learners' confidentiality.

During the data collection, the researcher maintained notes and memos to self to help direct the process. Meaningful direct quotes from the participants were documented and contributed to the iterative meaning-making process for the researcher during the interview, providing sources to reflect and inquire more deeply about as the interview proceeded in real time.

The analysis of the data was ongoing throughout the data collection process. The iterative process of analysis relied on the analysis of prior interview results to influence the subsequent data collection and analysis. In a sense, the process was demarcated and given evidence through “putting thoughts” on paper and to ensure that connecting threads of discovery were brought forth into the additional inquiries. The coding themes were constructed, re-constructed, and collapsed throughout the process. At times the process was “messy” as reorganization of data was necessary in order to make visible the fine lines of inference without drawing a definite conclusion. The researcher held the threads loosely and did not tie them in a permanent fashion but created a variety of bundles to examine further. The evolution of thinking was captured through the varied iterations of the coding schemes. The researcher employed the use of temporary concept maps, memos, notes, and matrices. The inductive process began with the establishment of broad categories. The process of analysis was viewed by the researcher as a recursive process of broadening and narrowing meaning during a process of convergent and divergent thinking. This “back and forth” analysis was a deliberate method used to expose what may be obscured from the researcher due to her own line of thought and life-meaning lens.

The qualitative data analysis utilized the framework approach (Ritchie & Lewis, 2003, as cited in Smith & Firth, 2011, p. 55) with elements borrowed from Maxwell (2005). The framework will be described in greater detail through four specific steps.

Step One—Data Management

The researcher conducted the interviews and began by writing first impressions, words, and themes revealed in the participants’ own words that were meaningful in relation to the four research questions in real time. Additional observations, details, and salient points were recorded.

Step Two—Data Management

The interviews were audio-recorded with each participant's permission and later transcribed by the researcher. The transcriptions were reviewed to ensure they were accurate and verbatim. Each line in the transcription was numbered for reference during the coding process. The interviews were listened to multiple times by the researcher during the transcription process and reviewed in their entirety upon completion. The process of repeated listening of the recordings was a helpful process to the researcher and allowed for associated meaning to be identified and attended to by the researcher. At times this resulted in insightful interpretations and associations among statements, major and minor categories, adding to the in-depth meaning made by the researcher.

This process was identical for all participants with the exception of two participants with pseudonyms Ed and Linda. The researcher met with Ed and an interpreter to explain the study in the same detail using tactile sign language; however, Ed expressed that his preference was to respond to the questions using his computer, which he accessed with a braille display. The researcher agreed to provide the questions in written format via email, and Ed responded to the questions by typing his answers via email. Linda, who had completed the program, was interviewed via telephone using speech. The telephone interview was also recorded using a speaker phone and audio recorder.

A coding analysis of all interview transcripts was conducted. During the initial review of the transcripts, the researcher highlighted direct quotes that were relevant to the three research questions. The researcher initially conducted a thematic extraction and wrote poignant phrases, overarching themes, words, and meanings in the margins to assist with identifying significant factors for establishing broad categories for the initial coding scheme.

The initial organization of the coding scheme consisted of extracting direct statements to create a textual description, followed by key words and terms. A code assignment was determined and documented with reference to the line number indicated

in the interview transcript. As more interviews were reviewed, the relevant data were categorized based on common themes and patterns among the participants.

The coding structure was delineated according to the three research questions:

- Research Question #1: 19 categories with 159 codes were identified
- Research Question #2: 14 categories and 69 codes
- Research Question #3: 27 categories and 60 codes

This coding structure was used with each of the 17 transcripts and 1 email response.

Later, the coding structure was reviewed, and codes within each category that had similar and related meanings and that could be combined were identified. The collapsing of the coding structure was an important step for analysis, because it allowed the researcher to synthesize like categories and produce new categories that were more inclusive and meaningful. This aided in the development of a broad-based conceptual framework and the relevant elements. Upon completion of the coding of all 18 interviews, a new structure for organizing data was developed by analyzing the frequency themes and sub-categories that were reported among all 18 learners. This was a way to sift the data for what elements were most prominent and extraordinary. The sub-categories were then organized respective of each research question. The initial categories among the data were updated and modified with the review of each successive interview transcript. This allowed for additional themes and patterns among the data to be generated. All along, the researcher was trying to make sense of what was being shared among the voices from the participants, keeping in mind the three research questions, what was available through the literature and prior research studies, as well as the demographic and background information available on each of the participants. The process was iterative in that each interview informed each successive interview. The initial coding was expansive and included even many minor phrases, words, and statements. As the data-sifting process ensued, selective data were organized under broader categories. The researcher engaged with data by reading and rereading the transcripts, listening to the audiotapes multiple

times, and regularly modifying codes to arrive at substantive themes and categories. The researcher choices on what was coded, what was paid attention to, was an eye-opening process. Immersed in the business of coding, making sense of the data and searching for patterns, yet at the same time remaining mindful of what and how the researcher's perspective might be influencing these decisions was a process of dialectic discernment.

“Emergent insights may require new selection plans, different kinds of data and analytic strategies” (Maxwell, 2005, p. 81). The process was guided by insights and an iterative stance and flexibility for the researcher. The researcher took the liberty to probe more deeply on topics that were frequently brought up by learners during the prior interviews to obtain a deeper knowledge. For the most part, the data collection protocol remained on course; however, a few iterations were made during the discovery of new and divergent areas that held meaning to the learners. The patterning of responses revealed insights, and sub-categories respective of each of the three research questions became visible. The later interviews were more specifically directed to contribute to the evolving larger themes and buckets of data, part of the preliminary sense-making engine to analysis.

Multiple tables were later developed to reflect the main organizing themes and patterns and are the basis for the coding structures that helped organize and synthesize the data to illustrate the findings. Appendix E, Categories of Self-Empowerment Identified in the Initial Coding, identifies the broad categories identified during the initial coding respective of the three research questions. This initial coding scheme was the initial step derived from the data available in the transcripts and formed the basis of more in-depth analysis and the later development of a conceptual framework.

Definitions and descriptions. The researcher began with a broad stroke across the coded data and reviewed each transcript to obtain from it a general definition of the sense of self-empowerment as described by each learner. The definitions verbatim are recorded in Table 5, Learners' Definitions of Empowerment. These statements were the first

attempt at putting stakes in the ground regarding the construct of self-empowerment from the perspective of the learner. These stakes were moved or reinforced with additional coded data throughout the analysis. Additional stakes were added and will be described in detail in this section. The definition of self-empowerment for each individual was derived through the life meaning lens and experiences conveyed by the learners.

In order to gain a better understanding of the phenomenon, the researcher inductively analyzed the data not only for meanings indicative of empowerment but also included the learners' exact definitions of disempowerment in Table 7, *Disempowerment—As Voiced by Learners Embarking on the Journey*.

The descriptions by other learner groups of disempowering experiences are available in Appendix F: *Disempowerment—Descriptions by Other Learners* from the literature, along with strategies that were found to enhance self-empowerment and their respective outcomes.

The initial coding scheme described earlier respective of the three research questions led the researcher to re-examine the data, expand and re-organize and cluster the data by creating the six sub-categories that were central to the descriptive nature of the experience of self-empowerment, and examine the elements within these six categories and the frequency they were expressed among the 18 learners. One category—*Becoming Other Focused*—was not initially identified as a sub-category but was added later after multiple reviews of the data. The six sub-categories were: *Transitions*, *Self-Proclamation of Self-Identity*, *Self-Advocacy*, *Engaging with Peers*, *Changing Interactions and Re-defining Relationships*, and *Becoming Other Focused*. These major categories are based on clustered themes that describe the learners' experience and aided the researcher with preliminary development of a conceptual framework. Appendix G, *Six Elements of Self-empowerment*, identifies broad descriptors associated with each of the sub-categories. The frequency among learners was derived by sifting through the coding structure for broad and associated descriptors and developing a matrix for each

learner. Table 6, Six Elements of Self-Empowerment—as Experienced by 18 Learners who are Deaf-Blind, identifies direct statements made by learners respective of the six elements of empowerment.

The clustered themes or sub-categories were further investigated to reveal richer data adding significant underpinnings to the development of a more in-depth explanation and meaning behind them. For each of the sub-categories, quotes were collected to ensure the true meaning of the term being used and support the validity of the data presentation. Substantive categories, as described by Maxwell (2005), are “primarily descriptive” and identify the participant’s concepts and beliefs. Using open coding, these categories are “*emic*” (Maxwell, 2005) or “in-vivo” (Smith & Firth, 2011) taken directly from the participants’ own words. The *emic* categories are important because they provide a means to give a voice to the adult learners who are deaf-blind participating in the study.

The initial category of transitions shed light on the learners’ experience of multiple transitions: transitions of entering a vocational rehabilitation program, the transition of moving from a visual to tactual orientation for performing everyday tasks, and transitions adopting an alternative method of communication. The data were organized in tables respective of the three significant transitions that were described by learners. These tables are available in the appendices identified as follows: Appendix H, Transitions—A Change in Daily Functioning; Appendix I, Whole Person Learning; and Appendix J, Descriptions of Visual to Tactual Methods of Communication. Each table presents the learners’ statements and identifies salient factors and the frequency of these factors among learners, respectively.

The same process of establishing tables as a means to organize direct learner statements and discover the salient factors contributing to their perspective was repeated for two other broad categories: Appendix K, Associated Experiences of Learners Moving Toward Self-Advocacy; and Appendix L, Becoming Other Focused. The data presented in the tables provided a substantive method indicating specific findings. Again, the

saliency and significance of a theme were determined by its frequency and the possible manner in which the theme could be linked or associated with other data to reveal findings.

It was recognized by the researcher that any concept/phenomenon cannot be examined without consideration of the context in which the phenomenon occurs. The learner-in-context was the next step in the analysis. The major buckets/overarching themes were discovered and examined. The data analysis was repeated in a similar manner as when initially examining the experience and relevant factors of the learners' experience of self-empowerment but through the lens of context. The five main categories identified respective of the learner-in-context are: Learning Milieu, Touch Culture, Practitioner Qualities, Communication and Environmental Accessibility, and lastly Behavioral and Attitudinal Qualities of Practitioner Resulting in Positive Interactions. The learners' statements illustrating the meaning of the categories, key factors, and frequency among learners have been organized in Table 8, Positive Qualities of the Learning Milieu, and Table 9, Positive Practitioner Qualities.

The researcher next sought to identify the instructional approaches and strategies that reportedly were empowering to learners. The researcher initially sifted through the data to identify and expand on the initial categories and codes and to collect learner statements that were directed at these instructional strategies in each of the core areas. Appendix M, Voiced Empowerment-based Learner Strategies, provides a detailed record of the strategies and the derived factors representative of learner's comments concerning strategies employed by practitioners broadly across the five core content areas of instruction.

The rehabilitation training program at the site offers comprehensive training on an individualized basis and peer learning opportunities in five core areas: Communications, Independent Living, Adaptive Technology, Orientation and Mobility; and Employment Skills Training. The interview questions inquired specifically into these training domains.

The recursive and comparative analysis was repeated for the five core areas. For three of the areas (Communications, Mobility, and Employment), the data were captured in tables: Appendix N, Learners' Voiced Expressions of Gaining Alternative Communication Skills; Appendix O, Orientation and Mobility; and Appendix P, Employment Skills Training.

The learners' statements were captured verbatim, illustrating their perspective in the domains of Independent Living and Adaptive Technology. Overall, the data collected on these two domains were limited. This may be due to the researcher failing to probe more deeply into these topics with the learners during the interview; however, those training experiences respective of these content areas reported by learners have been included.

Step Three—Descriptive Accounts

In step three, the researcher summarized and synthesized the coded data and refined initial themes and categories with an attempt to reveal new understandings, comparisons, and relationships.

The learners reported that change respective of thinking (beliefs), being (attitudes), and doing (behaviors) was identified and synthesized. Salient factors expressed among learners were identified. A central discovery through further analysis of substantive categories was represented as Empowerment Drivers (EDs). These have been organized in Appendix Q, Changing and Re-Framing as Reported by Learners—Empowerment Drivers. These are the changes that propelled the sense of self-empowerment among learners. These subcategories provided a rich and holistic understanding of the construct. The initial coding structure provided insight to the researcher that led her to understand how empowerment impacted the learners and value viewing the phenomenon through a whole person approach. The changes in beliefs, attitudes, behavior, and knowledge were examined in all life domains, including social, cultural, emotional, personal/practical,

economic/political, and spiritual. Appendix Q provides an extensive analysis of the changes within learners associated with empowerment. The data reveal an all-encompassing change among learners in each life domain.

Step Four—Explanatory Accounts

The researcher analyzed the relationships among the narratives and the contextual themes looking for less apparent associations and patterns within the concepts and themes to determine if there were any patterns that revealed distinctive pathways to empowerment that learners might have taken. The researcher reviewed all the transcripts multiple times and the data available in the tables/appendices connecting patterns of experience among learners, mitigating factors, and learners' outcomes. With a broad-stroke or high-level analysis, the researcher arrived at a main or central concept about a distinctive pathway that represented what was most significant to achieving self-empowerment. It was a process of stepping back, looking at the data in a comprehensive manner, and identifying the resonating factors that were frequently expressed by the learners throughout the study and placing an umbrella on top of those factors. The researcher assigned each learner to one of the six groups: (1) Slow and Steady, Tools in My Belt; (2) Once a Perpetual Sideliner, Now Creating a Lane of One's Own; (3) Breaking Out and Moving On; (4) Strutting One's Stuff; (5) Strength with Others; and (6) Caring Peacemaker. The descriptions of the six groups were expanded and given specificity through the recursive process of examining the data for each of the learners within each group and conducting a comparative analysis among learners. By bringing together the described context, content, and conduct framework into the data analysis respective of the six groups, the researcher was able to identify new emergent meaning and wider application of concepts and themes with an inference to pathways to empowerment. This process led to the surfacing of a new way of looking at the data, resulting in a divergent perspective taken on by the researcher that was not previously

apparent or accessible. Appendix S, *Six Pathways to Empowerment*, provides a specific description of the six pathways. Each of the six pathways was differentiated by the learners' descriptions and prominent characteristics, the learners' motivations, highly valued outcomes, and what the instructors did that was significant and empowering. This process of interpretation by the researcher in the development of these emergent findings is discussed in detail in Chapter VII. During the process, the researcher relied on notes, creating several iterations of the pathways, as well as the assignments of the individuals in each group. The process was both additive and fluid in order to arrive at an accurate picture of the dynamic and interactive variables that supported the findings. It aided the researcher by making the interpretations explicit and promoted new connections among the data. Appendix T, *Pathways to Empowerment and Associated Characteristics of Learners*, was another way to examine the data to reveal connections among the six groups. Table 10 provides a direct statement by each of the 18 learners indicative of their respective pathway.

The specific step-by-step process of data collection and systematic analysis provided an approach that enabled the researcher to elaborate, make new connections among the data, and synthesize meaning.

The researcher's high-level analysis of the data brought into focus the expressed perspectives among learners that addressed the relational aspect of power and their experience of self-empowerment. In addition, the supposition of co-active power was influenced by prior research and literature that presented empowerment as a multidimensional construct (Peterson & Zimmerman, 2004; Zimmerman, 1995). In order to gain a deeper understanding and illustrate this finding, the researcher organized the factors revealed by learners respective to the positionality of power, contrasting those qualities of the relationship that are hierarchical, uneven, and possibly oppressive with those qualities of a relationship that engender shared power, partnership, and

collaboration and can quite possibly be liberating. The data are presented in Appendix V, Positionality or Co-Active Power.

Plan and Methods for Analysis and Synthesis of Data

Lincoln and Guba (1985) identify the characteristics that make humans the “instrument of choice” for the naturalistic inquiry. They assert that humans have a unique ability to be receptive and responsive to cues in the environment and the multiple dimensions of communication. This human ability permits the researcher to conduct data collection and analysis simultaneously, while viewing the entire situation and maintaining the capacity to focus on specific aspects. The human researcher can notice even subtle nuances in the responses of the participants and then spontaneously probe for more details or change the line of inquiry given unpredictable responses. The iterative stance of the researcher can harvest revelations and insights from the participants during the interview exchange, uncovering data not otherwise available through quantitative methods (Lincoln & Guba, 1985). This captures the thrill of discovery and the creative process of data analysis.

This description offered by Lincoln and Guba (1985) demonstrates the significant complexity of the task at hand for the researcher. The skill set required has a dialectical stance of being able to hold contradictions simultaneously. For example, the aim of the researcher is to be ultra-sensitive yet analytical, able to synthesize yet fracture data, and maintain a neutral stance while at the same time immersing oneself in the participant’s internal and external context in order to gain a participant’s perspective.

One can assume that the quality of consciousness of the researcher is an overarching research question that has influence over all other research questions.

Rationale for Methods Selection

This study was preceded by a pilot study. The pilot study was conducted as a preliminary investigation and indicated that further inquiry was warranted through refinement of questioning and with a greater sample of participants. Although the pilot case study was limited in scope, the shared perspectives of the participants shed light on the construct of empowerment and contributed to development of this study's research questions. Using a content analysis approach, some of the themes expressed among interviewees during the pilot study highlighted the importance of the quality of relationships with others, especially those relationships that were "relationships of equality" or "relationships of quality." These relationships were characterized as those whereby the other emphasized high expectations and challenged learners to take action to achieve their goals. Other elements expressed by the participants that were relevant to their self-empowerment included engagement in self-directed learning, having a strong desire to learn, working toward and experiencing the ability to overcome obstacles, and acting upon and influencing one's environment. Some participants expressed that empowerment was a result of taking action regardless of feelings of low self-efficacy. Empowerment was perceived as a lifelong process, and individuals expressed that there are intersecting life situations other than the circumstance of having a disability that impact on self-empowerment, such as completing high school, losing or obtaining a job, or gaining skills that promote independence or achieving a challenging task.

The findings of the pilot study revealed disempowerment being described by participants as being unable to make decisions for oneself and then being expected to follow through and handle the consequences of the decision despite the lack of ownership in the decision-making process. The experience was described as a sense of not being involved. Disempowerment was also experienced when individuals failed to speak up for themselves when they knew they should. Experiencing empowerment was contingent

upon context, and strengthening this feeling and maintaining it required resources. The lack of these resources created feelings of hopelessness and powerlessness.

The pilot study supported continued investigation with a more in-depth case study in order to gather information from the deaf-blind adult learner's perspective regarding the practitioner's role and training options and strategies that can promote empowerment and to better understand the barriers that lead to disempowerment with and among individuals who are deaf-blind.

The phenomenon of study was also tied to the context of learning and focused on the internal and external contextual variables. Of utmost importance were the particularization and uniqueness of the individual cases of interest. The researcher used a "within-case analysis" followed by a thematic analysis across all cases, called a "cross-case analysis" to determine findings (Creswell, 1998, p. 62).

When designing the research study with the goal of examining the construct of empowerment, it was helpful to explore the empowerment research model, the origin of which is community psychology (Rappaport, 1981, 1987). The defining tenets of this model are:

identifying, facilitating or creating contexts in which heretofore silent and isolated people, those who are "outsiders" in various settings, organizations and communities, gain understanding, voice, and influence over decisions that affect their lives. Empowerment is by definition concerned with many who are excluded by the majority society on the basis of their demographic characteristics or of their physical or emotional difficulties, experienced either in past or present. (Rappaport, 1990, p. 52)

In addition, Rappaport (1990), drawing on the naturalistic framework described by Lincoln and Guba (1985), identified assumptions congruent with the empowerment model, namely, the idea that there are multiple and constructed realities, that human behavior is time- and context-bound so that enduring context-free generalizations are difficult, if not impossible, to make, and that causality is multidirectional and multifactored.

The approach of this research study was developed in accordance with epistemological values of the empowerment research model since it sought to support adult learners in gaining greater control over their lives through and as a result of empowering vocational rehabilitation instructional practices.

A qualitative study brings to the literature a representation of the lived experience of the participants. The lived experience among learners who are deaf-blind can be considered marginalized, and the perspectives are different and not easily accessible to the “line of sight” of the researcher as a person who is hearing-sighted. How knowledge is constructed, how findings are described must be approached cautiously so as not to omit or distort the meaning of what is conveyed. The researcher had to place assumptions under scrutiny in order to remain aware of the original intention of conducting the exploratory study, which was to reveal the voices of learners. The researcher was aware how the study can easily morph into just another conceptual model based on the clouded and misunderstood interpretation of the professional. This was made apparent through the review of the researcher’s writings, which from time to time became “louder” than the voices of learners and required re-alignment.

Methodological congruence is a foundation for the design of any research study. The qualitative collective case study is an appropriate approach for this study since it “seeks variation in the findings and attempts to surface the particularities and uniqueness of the individuals using an inductive process and is not seeking to generalize among participants using pre-determined categories” (Maxwell, 2005, p. 73).

Eisner (1991) provides a description of the qualities of qualitative research, recognizing the importance of the natural setting, using inductive analysis, presenting descriptive text and “the presence of voice in the text” (p. 36), being inclusive of the voices of the individuals and their interpretations of their experience as well as the interpretations of the researcher, honoring the emergent process, and using a special criterion for trustworthiness.

Qualitative research assumes that reality is all-encompassing and that it is best understood through the interpretation of the individual's perceptions and interactions (Merriam, 1988). It examines "local meaning" and the events or phenomena in their natural setting (Erickson, 1990; Merriam et al., 1998; Miles & Huberman, 1994). A study with the purpose of exploring the "local meaning" made by adult learners of the instructional practices that were perceived as empowering during their rehabilitation journey was congruent with this selected qualitative case study approach.

The trustworthiness of the qualitative study, sometimes referred to as confirmability and credibility, is a critical design question that must be answered through the development of strategies to be used during data collection and data analysis.

The "rich data" collected as a result of conducting in-depth interviews with a diverse representation of adult learners who are deaf-blind was detailed and extensive, allowing for a comprehensive picture of what is going to be made visible in order to sufficiently underscore the findings of the study (Maxwell, 2005) and to provide a realistic portrayal of the learners' perceptions, experiences, and recommendations through the data. The researcher was mindful not to dismiss discrepant data that did not easily conform to the emerging themes and may be an indication of alternative explanations or conclusions. For example, only three learners discussed their transition to living and learning with a vision and hearing loss in the context of their belief in God and their special purpose or mission. The spiritual domain of change is not commonly associated with the context of learning in a vocational rehabilitation center; however, this domain was one of many of the intersecting life variables that comprise the phenomenon under study. Other findings that raised additional questions or implicated the need for further research were also identified.

The study, by adopting the framework approach to data management and analysis, strengthened the management of specific threats regarding researcher interpretations. The framework approach addressed these threats by following a specific, systematic approach

and making transparent the process of coding, creating categories and sub-categories, and identifying themes and relationships among the data for building a conceptual framework. This delineated process provided the reader with a detailed accounting of the process, exposing it enough to readers so that they may evaluate and determine their own understandings and interpretations.

Researcher Positionality and Bias

As someone who is hearing and sighted, the researcher cannot possibly walk in the shoes of a deaf-blind person and fully understand the issues well enough to bring the totality of the uniqueness of this worldview and its relevance to empowerment, identity, and learning. It was important that the researcher mindfully question how the study may come up short in revealing the inner meaning as it is truly experienced by the participants. How are the Eurocentric views of the researcher influencing what is paid attention to and what might get ignored? For example, at a vocational rehabilitation program where the dominant perspective focuses on gaining skills for employment and that is what is valued primarily among funders, the government, and professionals, what are the implications for the members of the deaf-blind community to speak out unencumbered by the power structures in place? Is the theme of career choice and attaining a successful employment outcome in any way an expression of the dominant ideology rather than the authentic meaning behind their unique experiences? Are there relevant changes in meaning perspectives that don't quite fit into the paradigm of vocational rehabilitation, such as those that fall within the aesthetic domain, that were ignored and therefore given less examination in the study? Will there be meaningful expressions purposefully omitted by the participants due to the subtle oppressive forces existing within the environment? Is it possible that these omissions are not purposeful or deliberate on the participant's part but are a result of the researcher's own blind spots and predispositions?

As the researcher in a qualitative study is the primary instrument for analysis, there is a need to make explicit the preconceived assumptions of the researcher. Identifying the researcher's own values, beliefs, and biases toward the phenomenon and sharing some background as to what led the researcher to embark upon this area of study is one such requirement.

It was the assumption of the researcher that instrumental learning, however necessary and fundamental to the rehabilitation experience, may not be adequate, and perhaps learning must instead be shaped and framed from the inside-out, not only the outside-in and therefore be examined through the perceptions and complex psychological, social, and cultural dynamics of those individuals embarking upon this journey. The rehabilitation studies thus far popularly examine results of training interventions for the purpose of identifying evidence-based practice and measuring outcomes of employment (Pruett et al., 2008). The literature supports experts in the field to modify and enrich their services and further expand on their techniques, strategies, and approaches to support learners.

In a qualitative study, the researcher was as much an interpreter of the data as the participants. This personal role of the researcher is described by Stake (1995). The primary role of the researcher throughout the process of making observations, subjective interpretations, analyzing, and synthesizing data must be "all the while, realizing their own consciousness" (p. 41). The consciousness of the researcher is a continuous validity threat that can be sewn tightly or loosely around the sources, methods, and interpretations of data.

There is a constant surfacing of the researcher's process of interpretation exposing bias, beliefs, and experiences in order to bring them into the awareness of the researcher and the reader. This stance of the researcher is not to eliminate bias, which is not possible, but to recognize the dilemma and deal with it on an ongoing basis. Biases can be identified in general terms based on the researcher's experiences and pre-conceived

ideas. However, the bias can often be hidden and lack clarity without context. It is all-inclusive to the meaning-making of the researcher. As the study aimed to examine the experiences of individuals who are deaf-blind undergoing vocational rehabilitation at the site where the researcher works, a formidable task was to be open to meanings and interpretations of learners that challenge the status quo or current practices at the site. What might support the argument of managing the task is the indisputable fact that this researcher would never have embarked on this study if she did not want to gain this information.

Gaining access to each person's experience through the in-depth interviews was a true learning opportunity for this researcher. To be able to look inside at the individual human experience and the meaning-making by the learner was a privilege.

Research Relationships

On the macro level, there is an awareness by the researcher how the act of engaging in this study could be looked upon as if the act itself was reproducing the hegemony of broader society. This researcher reflected on the unequal power relationship whereby adult learners opened themselves up and shared personal information about themselves for the benefit of the researcher. The researcher assumed an unequal partnership by reaping the benefits as the listener and for the contributions of each participant in this study, and for this opportunity the researcher is eternally grateful.

The goal of this study was highly dependent on the authenticity of the responses, and therefore rapport and genuine intentions of the researcher must be made explicit during the research activities. The researcher strived to create a holding environment where the expressions of learners were met with intentional regard without judgment. It has been recommended that the researcher take a conscious stance and by "bringing into that consciousness an authenticity which in turn promotes the authenticity among the respondents" (Stake, 1995 p. 39). It was not possible for this researcher to strip herself of

her professional role at the site in order to conduct this study and lessen validity threats. Qualitative researchers have argued that eliminating the influence of the researcher on the setting or the participants during the interview process (reflexivity) is not possible; however, a full awareness and understanding of the issue is important. The organizational culture and patterns of interaction at the site might have some effect on the responses of the adult learners who are deaf-blind. The researcher took pride and caution in assuming this co-authoring and collaborative research study, which commenced with the process of data collection.

Assurances were taken to protect the individuals participating in the study. The deaf-blind community is quite small, and the risk of readers rendering a speculation regarding the identity of the participants was plausible. The questions posed by participants of how participation in this study may put them at risk were addressed. Each participant was assured that the researcher would not discuss their responses with anyone working at the site at the time of the study. In addition, the researcher explained that any identifying information that had the potential in totality with other characterizing factors to reveal a person's true identity would be modified creating a "composite" to ensure that confidentiality was protected.

The Appendix D presents a copy of the consent agreement that included a statement explaining the purpose of the study, what is required for participation, how the data will be used, and an explanation of confidentiality. The consent also provided an explanation of the plans to distribute the study to a dissertation committee and later for publication. The researcher received approval from the Institutional Review Board (IRB) dedicated to ensuring human subject protection.

Limitations of the Study

Given the study investigated a relatively small sample of 18 participants at a single site, generalization of findings is questionable, and there was no intention by the researcher to create a model representative of the deaf-blind community at large. This unique community is diverse, and a myriad of factors, including culture, language, and degree of vision and hearing loss, age at onset, familial and social support network, work history, education, and life experience, make any type of generalization far-reaching. Cross-case analysis was conducted examining the inter-individual differences, but much of the cross-case analysis was done to synthesize data to gain meaning. The analysis of differences among learners respective of their degree of vision and hearing loss and whether sensory losses were congenital or adventitious and its relationship to self-empowerment was beyond the scope of this study. The individual journeys described by learners led to identification of some of the intra-individual differences, bringing an acute awareness to this researcher of the provisional, evolutionary, and situational nature of meaning-making among learners with respect to living and learning as an adult who is undergoing a change in vision and hearing.

Each voice contributed to the mosaic design of what collectively can represent a collage comprised of snapshots/pictures of adult learners who are deaf-blind undergoing vocational rehabilitation. The individual narratives provided the textural and colorful pieces that combined to create the whole blend and increased knowledge both conceptually and inspirationally to this researcher. It has been challenging during this study to maintain critical awareness of the rhetoric surrounding the construct of empowerment and the authenticity of the learners' voices, due to the varied definitions of the term "empowerment." The researcher was cautious not to impose the dominant and popular view, which in itself can be disempowering. Charlton (2000) cautions that the "dehumanization of people with disabilities through language has a profound influence

on consciousness” (p. 35). He shared a strong view of the dialectics of oppression and empowerment. In this view there are inevitably two sides of this coin—” the oppressive structures that reproduce themselves through power relations in everyday life, and the side that unites as many people as possible through resistance, empowerment, liberation and freedom” (p. 153). Dialectics provides an acceptance of the nuances of paradox and can accommodate contradiction, with the understanding that all knowledge and beliefs are provisional (Charlton, 2000). This in essence has a paradoxical effect on the conceptual outcome of any research study, and the designer can step back from the design with an awareness of the provisional nature of the task at hand.

The qualitative research design was a challenge indeed. This researcher relied on self-reports, taking key phrases and comments and connecting themes. Self-reports have a tendency to be distorted. In addition, this researcher recognized the awesome task of being the primary tool in the process for designing, implementing, recording, and interpreting findings. Meanings are formulated and insights are created, but this process is taking place in the consciousness of the researcher (Georgio, 2006).

Research questions, subject selection, and predesigned instruments for data collection, such as the interview protocol, provided the rudimentary jumping off point for the study. A conceptual framework as described by Miles and Huberman (1994) “graphically depicts the main issues to study, the key factors, constructs or variables and the presumed relationships among them” (p. 18), and may include a system of “concepts, assumptions, expectations, beliefs, and theories that supports and informs your research” (Maxwell, 2005, p. 33). Maxwell describes the conceptual framework as a “tentative theory” of “what is going on” (p. 34).

Becker (1986, cited in Maxwell, 2005, p. 46) cautions the researcher to look beyond sources in the literature in order to “counterweight the ideological hegemony of the existing theory and research.” “A qualitative research study must take into account

the theories and perspectives of those studied, rather than relying on established views or the researcher's own perspectives" (p. 48).

The researcher constructed only a rudimentary initial conceptual framework so its organic development from the voices of learners could grow and not be stunted by bias of the researcher or prior knowledge. If given a sophisticated and well-defined framework at the onset of the study, the researcher might very well append it or use the participants' responses to confirm it or re-label it using the pre-established configuration of ideas. As the data collection and analysis ensued, a framework evolved as a result of the findings. The conceptual framework is available as Figure 6, Pathways to Empowerment Among Adult Learners who are Deaf-Blind.

Chapter IV

SETTING, CONTEXT, AND PARTICIPANTS

Setting of the Study

The 18 participants of this study were all enrolled at a vocational rehabilitation training program exclusively designed for individuals who are deaf-blind. The residential campus consisted of a training center where classrooms, offices, a technology center, an art room, a conference center, and a gymnasium were located. The residence was comprised of dormitory-style bedrooms, five training apartments, a cafeteria, a media room, and student lounges.

The daily schedule for each participant was structured with individualized classes in the five core learning domains: vocational training, communications, orientation and mobility, independent living, and adaptive technology. In addition, participants had access to mental health counseling, case management services, creative arts, medical services, interpreting services, audiology, and low vision and recreation services. Participants may elect to join peer collaborative learning sessions that are interactive and supportive covering an array of topics, including coping with loss, advocacy, emergency preparedness, Haptics, the experience of learning braille, or work readiness, to name a few.

Participants in the program typically engage in an assessment period to determine their goals and objectives. The length of time to participate in their program varies for each learner depending on their needs, funding support, and life circumstances. The

enrollment period may vary from several weeks to over one year. The age range of the participants in the program included youth, working-age adults, and seniors.

The majority of the learners are focused on gaining skills to obtain gainful employment. After exploring career options, learners have the opportunity to work at a job or internship in the community to gain the specific job-related skills and other adaptive skills for employment success, such as communicating with coworkers, traveling independently to and from work utilizing a variety of transportation methods, or utilizing adaptive technology to complete work tasks.

Participants—Eighteen Voices

The life experience and background of a learner is relevant to how a practitioner approaches instruction and is a dimension of the learner-in-context. To illustrate how the context of this study resides in the individual's self-narrative, a brief description of each learner's background is provided revealing the unique life experiences and perspectives that learner as they embark upon their vocational rehabilitation journey. In addition, characteristic information is shared to provide the reader with an understanding of each participant's predisposition, communication preferences, and other relevant identifying information.

Barbara—Voice 1

Barbara is a 30-year-old recent college graduate. She was born profoundly deaf and was experiencing a gradual loss in vision due to retinitis pigmentosa. Barbara grew up in the hearing culture and only began learning sign language in high school. She arrived at the program with a focused career goal, having achieved a college degree in a technical field. Her goal for participation in the rehabilitation program was learning adaptive methods of communication, such as braille and tactile sign, to better prepare for her

future should her vision loss progress. She described having active parents and a strong predisposition to empowerment, self-image, and confidence.

Well, my family, they were such a huge support to me. They always encouraged me to keep striving for what you want. And my family is what kept me going. Ya' know. My family, to me they understand what is happening to me.

But that's life; I have to keep moving on. When people would say things, like you can't do this or that, I would just say ya' know what, I have to ignore these people to focus on myself and just continue to move on.

She expressed how her next step for a successful career was to be prepared for whatever may come her way. She was determined to use her education and put into practice adaptive skills that would allow her to succeed regardless of her impending vision loss.

I wanted to get more experience in the work field, and anyone that I would have to come into contact with, explaining to people what my needs are.

Well, in past for communication I relied on my vision a lot. Now I use more tactual and braille. I can see. I can use my vision, but I am going to continue using my braille, be prepared for further vision loss. I do both, shift back and forth, my independent living skills I am relying on tactual techniques, I do not have to rely on my vision as much. Being here I have learned more tactual skills.

Yes, that is me, always to struggle, I am a fighter, and I am persistent.

Josh—Voice 2

Josh is a 42-year-old man who is hard-of-hearing and totally blind. He had experience working in a blue collar job and was laid off because of concerns related to his progressive hearing loss. He was interested in returning to a job that suited him. He expressed being highly motivated and gained self-awareness through his vocational rehabilitation experience. He conveyed self-responsibility and a realistic approach to his own success. He had attempted college, yet due to the communication barriers stemming from his hearing loss, he was not able to access the courses and decided to drop out. He

expressed finding joy, satisfaction, and empowerment through engendering a spirit of generosity and support to others.

I forgot to mention an important reason why I came to the program was to get skills and come back with job and or be job ready. I did go to high school and college. I basically was being oriented as a blind person only. But my hearing loss and my insufficient hearing aids made it difficult for me.

But yes, I came up with an idea last year—it was my idea—that it was time for us to give something back. I had idea the idea of creating some type of quilt for a foundation. [This is a charitable group that raises money and supports the students attending the vocational rehabilitation program if they are having financial difficulties. They had supported Josh by paying for medication and a trip home during the holidays.] I helped round up a bunch of students. I was surprised how many students were into it. So I really felt empowered by that, too. Something that makes your feel good, helping others elevates me to a new level. Okay I did this, feel good about achievements.

Josh described what he asserts is an optimal learning environment:

a learning environment—empowering learning environment, well basically the key factors is positive energy in that environment, you can't learn with negative energy. Most people need to keep their minds open and clear so they can communicate full thoughts, again I need to emphasize that, because I used to give out partial thoughts and it is not practical.

Josh described what he would say to a young person about empowerment:

Follow their heart and dreams, and I would tell them anything, if they can conceive, they can achieve. Do their best and be proud of their best.

Josh held a positive perspective about his disability, and this empowered him to approach his circumstance in a pro-active way.

If you go into a situation, any situation immediately thinking it is going to fail, well it is going to fail, but if you go into a situation whether it be a relationship or something else with an attitude that it will work, you will succeed.

Anthony—Voice 3

Anthony is a 32-year-old Native American. He described himself as being a loner and socially uncomfortable when he entered the program due to a prolonged period of

isolation in recent years. He was introspective, and he took his training very seriously. He described a feeling of being overwhelmed with the tasks in front of him but was keenly aware of the skills he felt he needed and the goals he sought to achieve. However, even though he was overwhelmed, he expressed a self-realization about his new insights and awareness about the opportunity to transform his thinking and behavior.

I grew up in a hearing family, so I had no ... I had no deaf influence or no blind influence, and so basically I pretty much functioned in the world as a hearing-sighted person. I wore hearing aids since I was younger [at the age of six]. I pretty much realized in junior high, because I was playing sports such as basketball ... the gym was so bright; I realized I could not keep my eyes on the ball. So I knew I had an eyesight problem ... nobody explained it to me. They just said I had tunnel vision, that's all.

I have retinitis pigmentosa. Well recently just found out that I have Usher II, so it's Usher II because the whole time I didn't even know what I had. I knew it was RP and I was hard of hearing, but I didn't know I had Usher II.

He shared experiences in high school of being marginalized and not fitting in. He held several entry-level jobs in the past. He lost the last one due to his visual challenges on the job. Anthony approached his learning with a practical mindset and was interested in getting the skills he needed to get on with life. He displayed extraordinary perseverance managing everyday challenges.

Linda—Voice 4

Linda is in her late 50s. She was diagnosed with Usher Syndrome Type II. She is hard of hearing and describes experiencing a gradual loss in vision due to retinitis pigmentosa (RP). Linda communicated expressively through speech and identified herself as hard-of-hearing. Her life experience includes marriage and family. She expressed a need to gain adaptive skills to deal with impending loss of vision and hearing. She had a strong interest in employment. Linda had worked successfully performing clerical work during her training and was interested in pursuing this same type of work when she returned home. She conveyed a determination and a recognition

that, reflecting back on her training, her sense of doubt about herself had blossomed into confidence and a strengthened ability to self-advocate and other-advocate. Linda described her vision and hearing loss as a time of challenge and adjustment.

In the beginning, um, grew up wearing hearing aids; I got my first hearing aids when I was 8. Before that my parents couldn't really afford it. And growing up with hearing aids, in the beginning I did not want to wear them. When I came home from school, I would pull them off. And then as I got older, I developed the need to have them on all the time. So now I call them my second pair of ears. And as I grew up visual and I did not begin to have vision problems until my late 20s when I saw I started have problems while driving. Things that would kind of blend in in the background. And I would bump into shopping carts and stuff like that. Not seeing them because they would start to blend into the pavement. And then one day I was at home at my mother's house in the late '80s and that's when we didn't have cell phones. I received a phone call from a friend, and he told me I pulled out right in front of him and he had to go into the forward lane to avoid hitting me. He was driving alongside me, and I never saw him. And that caused me to go and have my eyes checked. So, um, after a while I went to have my eyes checked ... the doctor told me I was going blind. I was given a white cane and basically was told just continue my life without driving and just use my cane. I could still see to read print and see people's faces for about 22 years. And then I started to lose that ability by my central vision when I was about 50. And so it was a big adjustment in that time frame. Not just an adjustment because I was losing my vision, but I was also losing central vision and my ability to read lips, to accommodate for what I couldn't hear.

Linda was interviewed after she had completed the program and returned home. She remarked how she now had felt better equipped with adaptive skills and the skills to advocate. She conveyed great self-pride with having overcome her glass-half-empty perspective and gaining a new-found passion for leadership.

Jianna—Voice 5

Jianna is a young woman in her mid-30s, appearing much younger coming from a family in which her parents are highly overprotective. Their cultural values do not lend themselves to high expectations for a child with a disability, but instead engendered a value to protect, and Jianna assumed a long-term dependence on them as parents. She was not at all in agreement with these values and described her own self-expectations as

much more elevated from those of her family. She expressed a common desire for a full life with a husband, family, and career. She expressed high motivation to lead an independent life and displayed and expressed her belief in her leadership abilities and strong opinions.

Empowerment is important because it helps deaf-blind understand how they feel inside, when they make their life change, and if they have a bad experience, for example, or are stuck in life, or with their family there's barriers and they may feel isolated, empowerment is more helping people share with other people who they are and their different experiences and also their perspectives and that they can be successful as a deaf-blind person what it takes.

Jianna was soaking up all that she could to be fully prepared for her independent life and her future career. She was devoted to learning and enjoyed sharing her experiences with others. She was a natural leader, approaching every day with a curious mindset and a determination to succeed.

Jianna's expressed dream is to get married, have a family and a good job so that she can contribute financial support and not depend on her husband. Her goal for her career is to work with children with disabilities.

Charles—Voice 6

Charles is a 25-year-old young man. He was born blind and has a progressive hearing loss. He had obtained an Associate's degree and has minimal work experience. He described his lifelong struggle to fit into a sighted world and was extremely hard on himself to overachieve in order to prove himself. He described familial and cultural barriers as deterrents to maximizing his independence and achieving self-confidence.

He worked very hard to compete as blind person. He was successful, and suddenly he described facing a new reality, one that involved shedding his cultural identity to open to a new identity as deaf-blind. His family had never seen him as capable as a blind individual, and now he was in the position to contend with these biases and perceptions

as a person with a dual sensory loss. He was dealing with the bias of competence among his family, and he shared that it was a struggle not to assimilate these beliefs and biases. He defined his deaf blindness in very practical terms, throwing out the rulebook that was culturally and socially determined. He was at a threshold whereby he was no longer going to try to adhere to the rules that were not written with his best interests in mind. He was determined to make his own lane in order to move forward.

I am born of immigrant parents, so I am first-generation American, and I, um, I grew up blind, acquired hearing loss, around age 6 or 7. It has steadily declined ever since, and it kind of came into a peak in my late teens. I mentioned my parents, it had its own cultural implications on how I view myself and my predicament in terms of disability.

It's had a profound impact, and I have an abundance of identity issues. There are a lot of components of my identity that I had to shed at one point or another in order to reclaim them. Being of a different background, and growing up in the Western world and also just being unable to adhere to many of the standards set forth by either side, it creates a lot of resentment and it creates a level of reverse racism if you will. That is why I had to shed that identity and reclaim it on my own terms and understand what that was about and step outside of myself so I could understand exactly what I was dealing with.

I couldn't adhere to Asian or eastern values, because I was different, I was disabled and I had different needs and different wants and a greater need for self-actualization, and for identity a level of individuality that is not conducive to continuing this idea of Asian collectivism.

I had come to a point where my hearing loss was creating a significant barrier both in communication and limiting my ability to travel. I came here out of panic really to try to fix things but also try to prepare for the day that I may not be able to hear anymore or my hearing will be worsened. I am trying to ascertain what possibilities exist for me, the new me, a deaf-blind person. Ya' know I had not really had any experiences with people who are deaf-blind prior to coming here. Ya' know I am really good at being blind. I grew up as a blind person, and I have owned that.

Because my hearing loss has transformed to or more appropriately I made the transition regarding I went from having bad hearing to having a significant disability. I am not being apologetic about who and what I am. I do not hide it anymore. Part of what made me more comfortable is realizing there is no hiding this.

Bill—Voice 7

Bill is a married 54-year-old White male who resides in the Midwest. He holds three masters' degrees in technology, information services, and pastoral ministry. He has a bachelor's degree in music education. He shared that his reason for coming to the program was to increase his confidence. He is introspective and very thoughtful about what he wants in his future.

I never had vision. Loss of hearing, little bit by bit due to disease of middle ear. So to the extent it was very challenging for me to communicate with my wife. Very challenging to hear the sermon at church, challenging for me to interact daily in society.

Recently Bill experienced a significant further loss in his hearing, and this was causing him much distress in navigating his normal routines. He anticipated a further loss due to the progressive nature of his condition. He was born blind with congenital glaucoma and reported no light perception. He had an extensive employment history that included a sales career and work as a music teacher with elementary school-age children. He relied on his hearing for communication, although at times this was challenging. Given his new assistive listening device, he was able to hear more comfortably and consistently in different learning environments. He preferred to learn through verbal instruction.

Bill derives enjoyment working with people and is a very sociable person. He had a guide dog for a number of years. During his training program, he explored working as a recreation aide at a nursing home. His musical talents were well received, as he played flute and piano for the residents. His warm personality and upbeat attitude were great strengths.

Bill expressed high motivation to gain skills using alternative communication methods. He began learning the manual alphabet and sign language. He had some challenges, since sign language relies heavily on spatial relationships in terms of hand movement, location, directionality, and hand shape. Having been born blind, it was not

always easy to “quite get the knack of it.” He had opted to use the braille display, for short phrases or tactile fingerspelling as a back-up rather than sign language. He was very hard on himself and somewhat of a perfectionist. If he was not able to produce sign proficiently, he would tend to express his mistakes with some anxiety. He shared how excited he was that he could carry out a transaction with the public in town at a store or restaurant using pre-printed and brailled communication cards or buzzcards on his iPhone. He gained some advanced skills in mobility and was able to travel to New York City independently.

Bill expressed excitement with having acquired some additional skills in cooking and with now having a repertoire of five delicious meals he can cook at home with his wife.

I feel more confident in doing a variety of basic preparations with safe techniques. I know I had good verbal and tactual hands on support, and with my new skills I am going to engage in cooking on regular basis.

Rachel—Voice 8

Rachel is a young woman in her late 20s. She is hard of hearing and uses total communication (tactile sign and voice) receptively. She communicates expressively using speech in a soft-spoken manner. Her interest in participating in vocational rehabilitation was to gain skills to become employed as a braille instructor. She was also interested in gaining adaptive skills for independent living and orientation and mobility. She has been diagnosed with Usher Syndrome Type II, which resulted in significant peripheral vision loss, night blindness, and a profound bilateral hearing loss. She was no longer able to access receptive communication through speech reading or visual sign language. A central goal during training was learning tactile sign language.

Rachel admittedly conveyed she has had challenges with relationships in the past.

In the past I avoided my friends. I did not go out with them at night. I had difficulty seeing them. My parents were very overprotective. Now I have the courage to let my friends know. It was a turning point for me. My

ex-boyfriend broke up with me because of my vision loss. He said he could not accept my vision loss. He thought of me negatively, you can't do this, and you can't do that. It hurt. But at the same time it made me feel stronger.

Rachel described her reliance on others before arriving at the training program:

Before I came to the program, I relied on my family. I would not fly on an airplane by myself, before I was terrified. Now I want to do that. I research where I am going. I like traveling. Through my empowerment and my skills, I gained my confidence.

Rachel reportedly enjoyed socializing with peers and discovered a new confidence within herself. She conveyed an interest working with youth and demonstrated a natural leadership tendency.

Allie—Voice 9

Allie is a 51-year-old single White female. She communicates expressively using speech and sign language and receives communication through tactual sign aided by her hearing. She has been diagnosed with Usher Syndrome Type II. She reported experiencing hearing difficulties since birth. As her parents were deaf, she grew up straddling both the hearing and deaf worlds. She reported difficulties with her vision occurring at middle age in her early 40s due to retinitis pigmentosa. She is very sensitive to lighting conditions in her environment and wears sunglasses indoors. She became very motivated to learn tactile communication during her experience at the program and conveyed excitement regarding being able to gain visual and environmental information through haptics.

Allie retired from a job as a government worker where she worked for 22 years after experiencing difficulties on the job due to her deteriorating vision. She expressed an interest with exploring volunteer and part-time positions working in a field that would provide opportunities to interact with others on a regular basis. She is somewhat gregarious and enjoyed being involved with her community. She is active and has a great sense of adventure.

Allie enjoyed exercising, especially with her guide dog. She shared enthusiastically about her regular strolls down Main Street, whereby she became familiar with many of the establishments in town nearby and was a resource to her peers about the best town hangouts and people to meet in the community.

Allie found a new strength in her assertiveness and looking beyond relationships and locations that were stifling to her growth and independence. She was a strong self-advocate and had a defining moment of identifying as a deaf-blind person.

I fit very well into the deaf world or the hearing world. Now it is the deaf-blind world, but I am fortunate. Then when I went to college, it was a culture shock for me, being in the deaf world. I have deaf parents; I was surrounded by the deaf world 24-7. Where my grandparents are hearing, my friends are hearing. And then I had deaf parents.... I was new visually impaired at that time, now I call myself deaf-blind. I was just diagnosed with Usher in 2000, and, um, my vision decreased in 2008. And then I knew a friend P.G. and she referred me to DBI, and then at DBI they encouraged me to do something about it. Coming here has empowered me; I have my confidence back. I have myself esteem back, I have found myself again coming here. Now I know I have all the resources, the adaptive technology, that I can go back home.

I have embraced myself now, I've traveled, ya' know you have a journey in life; ya' know you go through life with the acceptance of all part of my life. Before I called myself hard of hearing. In 1990, I said I was deaf. Earlier I said, like in 2008, I said have a vision problem, I can't see too well. Oh, I only had night blindness then, and now I am able to say I am deaf-blind. There is no sugar coating about it.

John—Voice 10

John is a 27-year-old man who is totally blind and hard of hearing. He had been diagnosed with neurofibroplasia, a condition causing tumors to form on his auditory and optic nerves resulting in a loss of vision and hearing.

It was ... well I ... it was hard growing up when I lost my vision; it was hard growing up. Yes, after I lost all my vision. I was 17. It was very stressful, sad, miserable and I was feeling um, depressed. I thought my life was over.

John described his sadness associated with the loss of vision and hearing.

Riding my bike, I used to ride my bike every day. I like to, um, just go for walks, and look at the scenery, look at the flowers, look at nature things like that. I was really depressed, and don't get me wrong, I wanted to commit suicide.

His priority was to gain skills to live independently and meet others who shared his predicament as a person with a vision and hearing loss.

What led me? Well I wanted to be more independent. I did not want to rely on my brother, when my parents are deceased. My parents are still alive right now. I want to be with people who are deaf and hard of hearing. We are all blind, we are all deaf. We are all hard of hearing.

John was accustomed to being a loner and expressed a strong desire to gain friendships and experiences that would bring fun and enjoyment into his life. "So the idea of being with peers, I wanted to be around other people—to help me get over grief."

His family was overprotective, and prior to his instruction, their low expectations seemed to permeate his consciousness.

Show me ways that I can live on my own. Before I came here, I thought I could not live on my own because of my disability, but when I came here, and met my IL instructor, she said you can live on your own.

Well, all the training and all the equipment that is out there for me so I can succeed in life even if I can't see or hear, I can succeed in life.

Alice—Voice 11

Alice is a young woman in her early 30s from the Southeast. She reportedly came from a highly supportive and affluent family. Her mother was very engaged in her education and ensured she had a full and rich childhood, traveling and participating in many social activities. She proudly recollected her participation in a variety of sports growing up, which included cheerleading, lacrosse, and horseback riding. She was a college student pursuing a professional degree in human services. She reported being diagnosed with Usher Syndrome Type I at the age of 10, however, she noticed how her vision loss was interfering with daily functioning in her 20s.

And my parents were heartbroken. Heartbroken. They felt so bad. My mom, she was sitting in the doctor's office and I could see her start crying. And I said Mom, What's wrong, why are you crying? She said, Oh nothing honey. She said, You have Usher's Syndrome. And I said, What's that? And there wasn't an interpreter there. Mom had to take up the responsibility of explaining that to me. She just said you cannot see in the dark and you have limited peripheral vision. And I said, Mom, do not worry about me. I will be fine.

Her life experience prior to participating in the program included marriage, children, and a career. She expressed an extraordinarily optimism and was enthusiastic about her training and her future.

Ya' know, I grew up with the hearing community. I wasn't very involved with the deaf community growing up. I was involved with the hearing community.

So I learned a lot at the program. I learned to cook even though I can't see. What do I do in my kitchen? Different technology ... how to use the computer. I hadn't used the computer in about two years. But now I can do it. It was a different way, and now I can do it. I can still do normal activities. I can be involved in a lot of activities. I can use an SSP, to provide support. I have such a busy life.

When asked about her career goals, Alice is now convinced that a career in human services is her best choice. As she conveyed, "because of my heart."

Tammy—Voice 12

Tammy was born deaf and was diagnosed with Usher syndrome type 1. She is 22 years of age. Her long-term goal was to attend college. She was interested in gaining skills to live on her own. She was committed to not depending on her parents at this phase of her life. She reported feeling somewhat smothered by her parents. She said she still had adequate vision to communicate visually. Tammy had made it her business to learn tactual skills at an early age, as she wanted to be well prepared if she experienced a further loss in vision. She acquired skills in braille, tactual sign language, and most important to her training was the experience of living in an apartment in the community. This experience provided Tammy with the opportunity to transfer skills, gain confidence,

and gain a strengthened belief that she could live independently while attending college in the near future.

I am the only deaf person in my family. Everybody else can hear. I am really the only person who really uses American Sign Language as my native language. I was diagnosed with Usher Syndrome. So I have difficult seeing at night, and I also have some balance issues. Um, and that really started even before I was a teenager. But I started learning braille skills.

I really just wanted to get an experience here. I really just wanted to get a new life. I wanted to be independent. I wanted to learn a variety of skills, and I really just wanted to learn more about myself if, before I one day become blind and lose all of my vision. I just want to be prepared for what comes about me in the real world.

Tammy said experience of being among other learners who were experiencing similar challenges was helpful to her for realizing her own aspirations.

Ed—Voice 13

Ed is 35 and experienced a sudden loss in vision and hearing due to a condition called neurofibroplasia. This condition resulted in the occurrence of tumors, and for Ed this was the cause of total deafness and blindness. When Ed experienced a sudden loss in both senses, he was left without a reliable method of receptive communication except for printing block letters on his back or palm. He expressed himself through speech, but this was at times unintelligible, so he supplemented that method of communication with typing on a computer. He utilized a braille display with his computer for reading text.

Ed was very enthusiastic and expressed how the training offered him an opportunity to regain his independence. “I learned sign language, braille, and how to cook. That bean soup was great!”

Ed had been focused on gaining back his ability to carry out everyday tasks and interactions. He had long-term goals clearly established. “I will go to college and get my degree.”

Despite his serious medical condition, Ed remained enthusiastic and fully engaged with his learning. He was known for his warmth and friendly disposition. Prior to entering the program, Ed was living in an apartment in the Midwest with assistance from a friend. He had been in the military for years prior to his enrollment in the program and was not accustomed to relying on others. Upon completion of his training, when he returned his interview responses via email, he was living in an apartment complex independently and enrolled part-time in college classes. His fortitude and drive to achieve his own definition of success had been realized.

Juliet—Voice 14

Juliet is 52 years of age. She reportedly was diagnosed with Usher Type I. She was born deaf, and her parents learned of her diagnosis of Usher Syndrome at 4 years of age. She attended a school for the deaf and graduated from college with a bachelor's degree in Math. She enrolled in the training program to gain skills to find part-time employment. She had been a stay-at-home mom for many years but saw value into finding a part-time job now that her children were grown.

But it was good, inevitably I graduated from high school, and then I went to college. The first year I didn't have any interpreters at that college, and again that was a difficult situation. But I did even then make the dean's list, which was quite surprising. The second year I was finally given interpreting services, and it was much improved after that. The courses became more difficult, so then I did not make the dean's list after that, but I did pass all of my classes. I graduated from there, and then I went to work at an insurance company. I worked doing data entry. So I did data entry for a while. At that time, I worked with the computer. I worked there for three years. Then my son was born, so I stopped working. I couldn't drive at night at that point. Um, in the winter it would get dark quite early, so I wasn't able to stay at work. I stayed home. I was a full-time stay-at-home mom, and I raised three children. That's my story (laughter).

My vision when I was young, I was able to see a lot. I could drive. Until about the age of 24. Well, I stopped driving, but at 24, that is when I noticed I was having some difficulties. About a week before my wedding, I had a serious talk with my mother. And I asked her, Will I become blind when I am older? And my mother admitted that, yes, I probably would. And I think

my parents had not accepted at that point that I had Usher Syndrome. And I did tell my husband. That if you don't want to have a blind wife, we can go ahead and cancel the wedding. And my husband was very surprised, and he, of course, he still wanted to marry me. He said no matter what, and so we did get married. But I was very depressed. I was very depressed for my husband.

I was frightened. I was scared. Just terrified. I didn't want to go blind. That was my biggest fear. I mean I was sighted my whole life. And I was thinking if I lose my sight, I lose my life.

Juliet shared how her brother also diagnosed with Usher Syndrome had been a source of encouragement and inspiration. She recalled many conversations with him. His loving kindness was appreciated but it was his life example of how he adapted his ways of doing things all the while maintaining a positive attitude that she described as impactful.

Joel—Voice 15

Joel is 34 years of age. He was diagnosed with Usher Syndrome type II. He is hard of hearing and has light perception problems. He communicates aurally and orally. Joel is a social person, is extremely outgoing, and reported his sense of empowerment was strengthened by his connection with others. He has a sense of empowerment when he supports the learning of his peers and can provide them with guidance and mentorship based on his own life experience. He has a wide circle of friends but is known to reach out to others beyond his circle to offer his support and his experience.

Joel reported a long journey of marginalization. He described himself as a “Mexican, gay and overweight guy.” Now experiencing the disability of having a vision and hearing loss, he expressed a self-acceptance. Coming for training was for Joel a practical solution.

Ya' know what I am stating my case it would be beneficial for me to get here. Ya' know what I mean, I needed to be here. And thank God I made it. Uh, it was kind of like a college application. And when I got here, everything was overwhelming. Because I keep telling you I am newly deaf-blind. Like I told you. But every level of deaf-blindness is new. Like you

never going to reach that level, that plateau. When things are stable. Ya' know what I mean? I chose braille, mobility, technology, there has to be a starting point and hopefully some kind of step forward, that I am learning, there has to be progress.

Yet there was an emotional side conveyed by Joel.

I was very afraid of braille. Because I thought if I was reading braille, I was blind. And I am still having issues with that. But um, my instructor said, This is the braille alphabet. And I learned all those dots. Ya' know what I mean? And then we decoded them. This and that. We started learning like that. The basic learning pattern which now I see a lot of my deaf peers learning in the same way. Now I am helping them.

I feel that empowered in a sense to say I learned it, I learned it and this is going to provide me with freedom. Because knowledge is power. That is what they claim. But then I said if knowledge is power, then wisdom should be strength. In other words, I felt this empowerment to tell my peers that you too can be in control.

Joel described himself in straightforward terms.

I think I am a very pleasant person. But sometimes I do not like to be patronized, almost like I am stupid. I mean, I may be deaf, I may be blind, but I am not stupid.

Keith—Voice 16

Keith is a private 30-year-old African American man who is was struggling emotionally. He is caught in an undercurrent of fears, helplessness, and lack of self-esteem. Keith was born deaf. His primary method of receptive communication is tactual American Sign Language, and he uses sign language expressively. He recalls the days in school when he struggled to communicate according to the restrictions set by his teachers.

I went to a hearing school. It was difficult; I don't feel comfortable with hearing, because there were only a few students who were deaf. It was fun in the class, I liked it. But the teacher tried to force me to use my voice. She didn't let me use my hands. She put my hands down.

Keith had a career in a blue collar job and lost it. He could no longer perform the job because of safety concerns due to his vision and hearing loss. Keith lacked

confidence and a vision of a future where he could be independent and successful at work.

Keith reflected on his disappointments and challenges maintaining his job.

On the job I couldn't see, I had to look close at the numbers, I couldn't see. I would be looking at skids and miss the person. I felt, I couldn't work. I was thinking where could I work? Can I work? I told you I don't want to work around a lot of people. I can't do it. A lot of walking. I can't do that. A little walking alright. So where can I work at?

Keith described how communication was not always easy.

Sometimes, when people are talking, I miss a little bit, but if they sign, that helps. It is hard to see [when it is dark at night]; I need a light.

Keith remained somewhat guarded during the interview. The researcher asked him, "So, when you think about your dream, are you going to reach for that dream?" His reply: "Dream?" The researcher continued: "Like the goal for your future. What do you want for yourself?" Keith replied, "I would like to have a friend."

Sally—Voice 17

Sally is 58 years of age and is totally blind due to retinopathy of prematurity (ROP) and has experienced a progressive hearing loss since the age of 40. She utilizes speech to communicate expressively and with amplification can comprehend conversational speech in quiet environments. Sally expressed a lifelong struggle proving her capabilities to others. As a result, she developed a strong and persistent attitude to maintain her independence. She demonstrated strong skills in self-advocacy and self-determination. She achieved a college education in Music. Her focus for training was to gain skills and compensatory strategies to ensure her ability to remain independent should she experience a further loss in her hearing.

I have been married for 30 years. I have a son. Our son is 27. He is fully sighted and fully hearing. I went to public schools; at the time blind children were being mainstreamed into the school systems and were primarily being taken out of the residential school setting. So I grew up with fully sighted peers. I enjoyed going to school. I loved school, so I loved college. I also

loved moving away from home during college. It gave me the first senses of freedom that I ever have had. Which was great. Sometimes as disabled kids, blind kids, whatever your disability happens to be, parents can be very afraid to trust anyone with their kids. So as a result of that, if we are not careful, we can become gun shy of other people and we don't know how to handle ourselves in social situations, so it's very important for people like me and me specially to gain that strong sense of independence and know when it is appropriate to assert your rights and when it is appropriate to stand back and watch and see what happens. That only comes with experience and time.

I decided that maybe it would be a really good idea to come back here for some training and find out if my mobility skills were adequate, if my hearing aids were adequate, if I really had the skills I needed to function properly in case my hearing changed. Or if my skills were adequate to function the way I am now regardless of whether my hearing changes. And I decided there are other rehab centers out there, but I don't really believe they have the skills necessary to work with dual sensory loss. So that is why I chose to come here. My counselor.... My mobility instructor, it never occurred to him.

I speak all the time. I hear speech well, especially with my hearing aids. I use email. I use braille. Um, very very limited fingerspelling, and I know a few words in sign and that is about it. I did take the pro-tactile workshop, and that was very interesting.

And for me a huge turning point for me was when I wanted to move out on my own after college, I realized that my parents didn't see me as competent.

Sally described herself as persistent and a strong self-advocate. She recognized how family members had set limits on her and she was not going to accept it.

Eve—Voice 18

Eve is a likable and outgoing senior citizen at 69 years of age. She is culturally deaf and has been diagnosed with Usher Syndrome type I. She communicates through tactile sign language. Her friends at home pointed her to vocational rehabilitation to deal with her impending vision loss. They were her advocates and assisted her with navigating the system and informing her of the resources and training options available to her.

Now having begun her training, Eve reflected and recognized the decision to participate was important and she had made great strides with achieving her training

goals in braille, adaptive cooking, mobility, and technology. She was self-motivated and expressed pleasure with being self-directed, and she strongly desired to remain self-sufficient and independent. She had a curious mindset and found joy with learning by figuring things out on her own, moving ahead of the lessons, and being an over-achiever in the eyes of her instructor.

Initially, Eve conveyed how her instructors' expectations were in some ways beneath her own self-expectations. They seemed to express in some way to her that learning braille and the adaptive technology to access computers using a braille device was unlikely and too challenging. It is intuited that the limiting expectations imposed by the instructors were due to her age. They were imposing their beliefs on her capability, and she outshined them by overriding their objections. She excelled and proved them wrong.

It can be said that advocacy is a dynamic of degree and personal style to how it is enacted. Not everyone is comfortable having a strong and loud voice. Eve did not complain, confront, or create conflict, even when she was frustrated. She viewed her sweet and patient demeanor as a strength and often commented how this way of being influenced staff perceptions of her. She was viewed positively, and this mattered to her a great deal. Eve did not see the point of aggressively advocating for what she may have strongly needed. Instead, her advocacy was done through developing positive relationships with others.

Eve was an avid reader, and her priority with training was to gain skills in braille and technology to continue to access printed text to read her favorite books. She approached learning braille methodically and excelled and took great pride in her ability to move quickly through uncontracted and contracted braille. She needed her instructors not to hold her back, but to keep pace with her learning.

This researcher observed and recognized within Eve an inner strength and strong determination already present. She possessed advocacy skills, could make decisions,

sought after her training goals, and took responsibility for the outcomes. Her success with excelling in her adaptive skill training was a source of her strengthened concept of self. Her belief in herself was a central facet of her identity, and she did not hesitate to share her viewpoints with others.

Right now I still have some vision. I am not completely blind at this point right now. Probably starting around 2002, was when I started losing my peripheral vision, and I also don't see that well. Things look kind of fuzzy, for example, when I am sitting with someone who is using tactual communication with me, I can't see her face clear. If I were to work with the same person consistently, it would probably be a little bit clearer to me, but it depends on who I am working with. But most of the time I really do require tactual, tried to tell people not to not get upset and not to get all emotional, that they were losing their vision.

I was trying to say that you really have to fight for their rights and pray and be strong, be strong and spread that concept. Spread that all over to people. Stand up for what you have. You'll be fine. You'll be fine communication at this point in my life.

The researcher shared many of the participants' own words in an attempt to reveal an accurate picture of each of the 18 learners who volunteered to be a part in this study. Their partial narratives are shared to not only assist the reader with becoming familiar with each learner and their unique story but to also demonstrate the nuances and commonalities among this small group of individuals.

Chapter V

FINDINGS

This chapter will systematically present the study's findings in response to the three research questions. Each of the three research questions has been addressed, but in addition the findings include significant discoveries that provided deeper insight into the construct of self-empowerment. The findings are organized as follows: Elements of Empowerment; Disempowerment; Contextual Elements of Empowerment; Strategies and Outcomes for Empowerment; and Empowerment Drivers (EDs).

The findings overall supported the initial proposition, which postulated an interrelationship among the variables of empowerment and successful rehabilitation outcomes among 18 adult learners who are deaf-blind. In summary, the findings of this study that will be explained and illustrated through direct evidence in this chapter are as follows:

- The elements of empowerment as reportedly experienced by learners are multifaceted and involve changes on multiple levels for the learner. Among the 18 learners, the most prominent factors expressed by learners were: accomplishing a challenging task and increasing self-efficacy, gaining skills for independence and seeing self as capable, mastering skills in communication, and gaining knowledge or resources and the ability to self-advocate.
- The six elements of self-empowerment commonly reported by learners were: (a) Transitions; (b) Changing Interactions and Re-defining Relationships with

Others; (c) Self-proclamation of Self-identity; (d) Self-advocacy;

(e) Engagement with Peers; and (f) Becoming Other Focused.

- Learners reported the experience of multiple transitions: (a) the beginning transition of vision and hearing loss; (b) transition described as a change in daily functioning; (c) transition of entering into the vocational rehabilitation program; (d) whole person transitions; and (e) transition from visual to tactual communication. Each of these transitions described by learners was significant to their vocational rehabilitation experience and their journey toward self-empowerment.
- Sixty-seven percent (67%) of the learners reported a perspective change in their self-identity as “deaf-blind” upon engaging with peers in the vocational rehabilitation program, and this was accompanied by feelings of positive self-regard and greater motivation to adapt, learn, and move on.
- Immersion into an adult learning community and engagement with deaf-blind peers encouraged learners to look at their experience of vision and hearing loss differently and adopt new ways of doing, thinking, and being.
- The instructional content for learning adaptive and alternative communication skills was varied and included: braille, visual and tactual sign language, use of communication cards with the non-signing public, and touch signals (Haptics). Learners disclosed that the empowering aspect of learning an alternative method of communication was knowing they now have a backup system that is reliable and can be used at their discretion.
- Learners felt empowered when the learning environment was optimal and conducive to their instruction and learning. The learners addressed four specific areas related to the learning context that were unique to deaf-blind learners and contributed to and supported self-empowerment: (a) the learning milieu; (b) touch culture; (c) communication and environmental accessibility; and

(d) behavioral and attitudinal qualities of practitioner resulting in positive interactions.

- Learners reported behavioral and attitudinal qualities of practitioners that, when enacted, promoted their self-empowerment: providing encouragement, being culturally aware, valuing the learners' life experiences, and providing a level of respectful communication. Forty-four percent (44%) of the participants mentioned the importance of being treated respectfully as equals by their instructors.
- There were a variety of instructional strategies in the five core domains of communications, adaptive technology, independent living, orientation and mobility, and employment reported by learners. These reflected individualized learning styles and included: step-by-step structured instruction, observation, self-discovery, hand-under-hand demonstration, being present and letting others take the wheel, and learning by mistakes. The diversity of learning styles reported by learners was indicative of the how learning opportunities were individualized according to the preferences of the learner.
- Empowerment Drivers (EDs)—identified as changes in beliefs/thinking, changes in knowledge, changes in doing/behavior, and changes in being/attitude—were commonly reported among learners and were indicative of changes impacting the social, cultural, physical, affective, personal, practical, economic, and political domains of the learners' daily life.

Elements of Empowerment and Disempowerment

Adult learners expressed their view on the meaning of empowerment in their lives and how it was experienced in terms of their learning. Table 5 provides a summary of statements made by each learner when asked to provide their own definition of

empowerment. Some of the distinguishable and salient factors expressed among the participants were specifically as follows: (a) maintaining a can-do attitude; (b) accomplishing self-made goals; (c) gaining skills in self-advocacy; (d) developing self-awareness of needs; (e) gaining resources to address needs; (f) desiring to lead an authentic life; (g) valuing self and gaining confidence and self-esteem; (h) acquiring functional adaptive skills and knowledge to increase independence in daily life; (i) helping others; (j) having higher self-expectations; (k) being informed; (l) taking control over one's learning; and (m) sharing experiences and learning with others.

Table 5. Learners' Definitions of Empowerment

Learners	Statement	Key Elements of Self-empowerment	Frequency
Barbara, Other learners: Juliet, Alice, Linda, Anthony, John, Charles, Jianna, Allie, Joel, Sally, Tammy	"When people would say things, like you can't do this or that, I would just say ya' know what I have to ignore these people to focus on myself and keep moving on." "I am a fighter, and I am persistent." Barbara	Maintain a can do attitude, keep moving on. To be a fighter and to be persistent.	67%
Josh Other Learners: Alice, Joel, Linda, Allie, Jianna,, Eve	"Helping others elevates me to a new level." Josh	Helping others	33%
Anthony and Josh Barbara, Linda, Jianna, Charles, Bill, Rachel, Allie, John, Alice, Tammy, Ed, Juliet, Joel, Sally, Eve (all learners except Keith)	"Having accomplished a challenging task, I think it is from developing confidence and after I developed the courage and confidence to speak before the audience I felt self-empowered after that." "Empowerment is learning the art of advocating. I hate confrontations. I think a lot of people do. So how do I do it? You have to be positive." Anthony "I feel empowered when I achieved a goal that I made." Josh	A sense of accomplishment Accomplishing a challenging task such as demonstrating public speaking skills. Accomplishing self-made goals; self-efficacy .	94%
Linda and Barbara, Other learners: Joel, Sally, Anthony, Bill, Josh, Juliet, Charles, Alice, Allie, John, Jianna, Eve, Ed, Anthony	"I was able to get the resources for my specific needs." "I am not just going to live with what I had." Linda For me it is not always making decisions, it is more aware, being able to collect and gather information and then to apply it to what you want to do, to apply it to your life, self-advocacy is included in that, it is a process and that is important. Barbara	Ability to self-advocate using an effective style, gaining skills. Self-awareness of needs and having the resources.	83%

Table 5 (continued)

Learners	Statement	Key Elements of Self-empowerment	Frequency
Jianna Other Learners: Juliet, Alice, Justin, Linda, Bill , Anthony, Ed, Barbara, Josh, Charles, Rachel, Allie, Joel , Sally , Eve, Tammy - all but Keith	“It’s about how you feel inside. For me it is not always just making decisions. I think it means also just being more aware. It’s being able to collect and gather information and then take that information and being able to apply it to what you do, and apply it to your life.” “It is really about helping oneself, making decisions, in relationship to self-advocacy.” Jianna	Self-awareness Being informed, having resources	94%
Charles Other Learners: Sally, Rachel, Joel, Anthony, Allie, Alice Tammy, Charles,	“I am not being apologetic for who and what I am. I do not hide anymore. Part of what made me comfortable is realizing there is no hiding this.” Charles	Trusting self to lead an authentic life.	50%
Bill Other Learners: all but Keith	“Ya’ know, self-empowerment is in many ways, I think it starts with feeling comfortable with who I am. Uh, somebody doesn’t have sight or all hearing. But I can still make my way in society, and that is it. Empowerment is the ability to see not only that it’s possible as an historical reality, that you can read about other people doing it. That’s important, an important part of realization and exploring the avenues that can help me be empowered, but to be empowered, is to respond in such a way that helps me to carry out, to live out the transactions if you will...that’s the empowerment reality.” Bill	Being comfortable with self, with who I am, feeling able to make my way in society. Self-acceptance	94%
Rachel Other Learners: Jianna, Joel, Charles, Linda, Anthony, Alice, Allie, Bill, Ed, Sally, Tammy, Barbara, Juliet, Josh	“gaining self- confidence and being determined in your goals, what you want to do, taking control of life and control of your own knowledge and skills.” Rachel	Being determined in your goals, taking control over your life, taking control over your learning , self-determined	83%
Allie Other Learners: All; Keith and John less degree of strengthened self-esteem as compared to other learners.	“I have my confidence back. I have and my self-esteem back. Now I know I have the resources, the adaptive technology, and I can go back home now.” Allie	Restored self-confidence; restored self-esteem, knowing you have the resources to make the transition back home	88%

Table 5 (continued)

Learners	Statement	Key Elements of Self-empowerment	Frequency
John Other learners: Juliet, Alice, Justin, Linda, Bill , Anthony, Ed, Barbara, Josh, Jianna, Charles, Rachel, Allie, Joel , Sally , Eve , Tammy (All but Keith)	“Well, all the training and all the equipment that is out there for me so I can succeed in life even if I can’t hear, or I can’t see, I can succeed in life.” John	Acquiring skills and abilities to use adaptive equipment, self- knowing that one can succeed in life despite vision and hearing loss.	94%
Alice Other learners: Eve, Ed, Justin, Tammy	“My opinion it means keeping a positive attitude, be optimistic and try everyday...But if I can share positive thoughts, and give that to people. Examples in my life to help others. How to change those negative thoughts into positive thoughts, that to me is empowerment.” Alice	Keeping a positive attitude and sharing that optimism with others.	28%
Tammy All Learners:	“Learning to communicate was empowering.” Tammy	Gaining skills in receptive and expressive communication	100%
Ed All learners with exception of Keith	No specific definition shared, Ed demonstrated a self-empowered reality through his efforts and accomplishments of learning new skills “I learned to cook, I am meeting with Pastor Sean about my new apartment.” Ed	Gaining skills to regain independence was empowering.	94%
Juliet Rachel Jianna, Joel, Charles, Linda, Anthony, Alice, Allie, Ed, Sally, Tammy, Barbara, Josh John, Tammy, Bill	“I am more confident and I have come to accept my progressive visual loss. Um, I am finding new ways to do things. I have had to accept that.” Juliet	Feelings of confidence , Finding acceptance with doing things using new strategies	94%
Joel Other Learners: Alice, Keith ,Allie, Bill , John , Linda , Jianna,	“I feel empowered in a sense to say I learned it. I learned it and this is going to provide me with freedom. Because knowledge is power. “I felt empowered to tell my peers that you too can be in control.” Joel “We talked about it. I feel empowered that we are the same.” Keith	Having learned and acquired knowledge and sharing this realization with peers.	44%
Keith All learners with exception of Eve, Tammy, Charles and Ed	“I feel that they are not going to hire me. Because my vision. But at this program, they can’t discriminate and it might work out.” Keith	Knowledge of rights and capabilities to pursue a job.	78%

Table 5 (continued)

Learners	Statement	Key Elements of Self-empowerment	Frequency
Sally and Eve Other learners: Linda, Joel, Bill, Charles	“So it is important for people like me and me especially to gain that strong sense of independence and to know when it is appropriate to assert your rights and when it is appropriate to stand back and watch and see what happens.” Sally I was trying to say that you really have to fight for your rights. Stand up for what you have. You’ll be fine.” Eve	Having a strong sense of independence, knowledge how to and when to assert rights. Finesse in advocating accommodations	33%

The elements threaded throughout the expressed views of the learners during the investigative inquiry brought into focus six major and interrelated elements and promoters of the empowerment experience. The six elements representative of the shared experience of empowerment as reported by learners are: (a) Transitions; (b) Changing Interactions and Re-defining Relationships with Others; (c) Self-proclamation of Self-identity; (d) Self-advocacy; (e) Engagement with Peers; and (f) Becoming Other Focused. These six elements became the broad categorical framework that contributed to the contextual meaning and the identification of the interactive dynamics contributing to the experiences taking place among learners and was the springboard to further analysis. Each of these elements will be discussed to illuminate their significance and implications for empowerment-based practice.

Appendix G identifies the six main elements reported by learners associated with the experience of empowerment and the corresponding themes that are relevant to each of the six elements. Transitions were associated with changes in vision and hearing, daily functioning, entering the vocational rehabilitation program, whole person change, and a change from a visual to tactual modality. Changing Interactions and Re-defining Relationships with Others was associated with equalizing power in relationships. Self-proclamation of Self-identity was associated with self-efficacy, self-acceptance, and emulating peers. Self-advocacy described learners’ actions toward disability management and gaining knowledge and resources to achieve goals. Engagement with Peers revealed

the importance of peer learning opportunities for sharing learning and experience. Lastly, Becoming Other Focused was realized as a valuable self-empowering experience as learners supported positive changes in others. Table 6 illustrates the six elements and their reported occurrence according to all 18 learners.

Table 6. Six Elements of Self-Empowerment—as Experienced by 18 Learners who are Deaf-Blind

Learners	Transitions 100%	Changing Interactions and Re- defining Relationships 61%	Self- proclamation of Self- Identity 67%	Self- Advocacy 83%	Engagement with Peers—the Power of Peers 78%	Becoming Other Focused 44%
1.Barbara	X	X		X	X	
2.Josh	X	X		X		X
3.Anthony	X	X	X	X	X	X
4.Linda	X	X	X	X	X	X
5.Jianna	X	X	X	X	X	X
6.Charles	X	X	X	X	X	
7.Bill	X		X	X	X	
8.Rachel	X	X	X			
9.Allie	X	X	X	X	X	X
10.John	X		X	X	X	
11.Alice	X		X	X	X	
12.Tammy	X	X	X	X	X	
13.Ed	X			X		
14.Juliet	X		X	X	X	
15.Joel	X	X	X	X	X	X
16.Keith	X				X	
17.Sally	X	X		X		
18.Eve	X			X	X	X

For a more complete detailing of the themes, refer to Appendix G. The frequency of the sub-themes for each of the six elements provided a gauge of how common these themes were found to occur among learners and illustrated the shared impact to learners on their journey to self-empowerment. The in-depth analysis of each of the six elements of empowerment will be further discussed in this chapter in order to bring fuller meaning to each element, draw linkages among all six, and support the construction of a meaningful conceptual framework of self-empowerment.

Transitions—Empowerment Element #1

Transitions, the initial element, was a prevalent theme reportedly experienced by learners in a variety of ways and contexts. Transitions included the starting point A and moving to point B, the loss of vision and/or hearing, and the decision to engage in vocational rehabilitation to gain skills and coping strategies. The elements of transitions were associated with many facets of life, and the losses encountered touched many aspects of daily routines, such as work, driving, having a reliable method of communication, to losing the ability to engage in cherished activities and relationships. Gaining adaptive functional skills to regain independence in a variety of life domains was a formidable transition of moving from a visual and/or auditory modality to a tactual one. The qualities of these transitions represented a beginning sense of downsizing and unwelcomed changes in many life domains. These initial ways of being, thinking, and doing were for some learners transformed when perceived through a different lens of self-empowerment. Initially, the loss of vision and or hearing was associated with feelings of isolation, fear, despair, and helplessness. Through engagement in vocational rehabilitation, learners reframed their perceptions and actions as a result of their learning, experiences, and relationships.

Learners reported an unexpected transition of finding a sense of belonging among their peers as a member of the deaf-blind community. The implications of the total experience of undergoing transitions touched the whole person and included their physical, communicative, cultural, social, emotional, economic, political, personal, practical, and spiritual selves.

The learners reported a shift in their thinking, attitude, behavior, and knowledge, and this process resulted in a sense of self-empowerment. How learners approached and navigated the transition of adapting to their vision and/or hearing loss required adjustment in a multitude of ways, including a new way of accomplishing everyday tasks representative of gaining tools and skills and in addition learning how to navigate in a

new learning environment. The primary purpose of seeking vocational rehabilitation by many participants in this study was to maintain or regain their independence in life domains that were critical to living a liberated and fulfilling life and gaining the skills for successful competitive employment. Upon entering the program, learners reported that they had already given up many of their life-valued activities and opportunities. Life had become much smaller and restricted; physically and socially. Time became a critical adjustment factor. Learners expressed how many activities took longer to accomplish, that navigating life with a vision and hearing loss had a new tempo, and with that came a recognition of the importance of planning and mastering a degree of organization. The introduction to this new way of doing for some was a bit overpowering; one learner said it was like encountering a storm without any warning. The impact of the vision and hearing loss had a significant impact on many dimensions of life.

One can hardly imagine a more intense transition than that of a person learning to adjust to a life without adequate vision or hearing to carry out tasks of daily living, including communication, work skills, accessing a computer, performing grocery shopping, driving a car, or engaging in a cherished lifelong hobby or social activity. The changes and learning permeated most areas of one's life. It should also be noted that 33% of the individuals in the study reported that their vision or hearing was in daily flux.

My vision is constantly changing all the time. Right now I feel it is kind of stabling off but I mean we don't know what tomorrow brings. (Allie)

Sometimes I need to use tactual ASL and sometimes I don't. Like I told you, my vision keeps changing from day to day, so it just depends on the day. (Juliet)

Learners reported that their fluctuations of vision and hearing required them to contend with a unique transition whereby the expectation of getting through it, the threshold of transition, was a moving target. Change was a constant, and the ground underneath was shaky. The additional stressor was the unknown of whether there would be a further loss in vision and hearing and when this might occur. Each degradation of vision or hearing

brought a greater recognition that self-reliance was an uncommon strength. The experience of resiliency was recognizable. The learners time and time again described an ability to surpass the given challenges with tools, friendships, and learning opportunities leading to independence.

Deaf-blindness creates an interesting space. Form in a physical sense is not always recognizable. But beyond the tangible physical forms are the thought forms. The majority of learners were able to transcend the physical forms by moving to a tactual modality but also transcended the thought forms by letting go of a “form of life,” a way of perceiving and interacting with the world as they knew it. In the act of letting go, learners now detached, gaining a vantage point from which to view the events of their life and acting to change them instead of being trapped inside them.

Once enrolled in the program, there was a greater requirement than expected not only to adjust to their decrease in visual/auditory functioning ability but to do this in a new environment. The new environment of the vocational rehabilitation program embraced a different culture and, in addition, had members with diverse backgrounds and life experiences, degrees of vision and hearing, and preferences with how to communicate. The diverse adult learning community of learners who are deaf-blind created a unique challenge with communication barriers. The community was comprised of learners who used speech and who were hard of hearing, individuals in transition, having no reliable method of communication, and also included individuals using visual or tactual sign language. It took time to acknowledge and seek alternative and tactual ways of doing things. Rarely did a participant report just jumping in. Anthony described the experience as a whirlwind. He reported how all the training options that were introduced to him “came at me like a storm.” It was an overwhelming sense of wanting to learn it all, yet through the learning, they understood that it could only happen step by step and that it was a process that takes time. The transition from visual to tactual or from auditory to tactual generated emotions, self-doubt, and insecurities of not measuring up.

The transition was complex and multi-faceted. Re-assessment of “life as we know it” seemed to require a letting go of wanting things to return as they were and an open-mindedness to draw a new roadmap. The transition had moments of frustration, mourning, exhilaration, and self-pride with experiencing accomplishments. The re-framing that occurred was gradual, partial, recursive, and continuous. There was no straight line, no clear path to navigate; however, there was the common denominator that given training opportunities for alternative methods for cooking, traveling, handling money, reading text, and many more functional skills, the self-belief to obtain a successful and satisfying future increased.

Once having acquired knowledge and skills, learners took action and integrated this learning into their daily lives.

I was able to get the specific resources I needed. I am not just going to live with what I had. (Linda)

I feel empowered in a sense to say I learned it. I learned it and this is going to provide me with freedom. Because knowledge is power. (Joel)

The inner dialogue of participants in this study was brought forth through the interview. What participants once perhaps only thought was voiced, recorded, transcribed, analyzed, and interpreted. The expressions voiced brought forth an acknowledgment of the nature of how thoughts can delimit or empower self. As the saying goes, “You are what you think.” The inner dialogue was characteristically a reflection of the challenges that existed or were in the process of being overcome as learners recounted their experiences earlier during their rehabilitation program. The starting point within the transition trajectory was a low setting on the empowerment scale/arc. The learning opportunities and environment moved the setting higher. The learning curve can be described as an empowerment arc. On one side of the arc, the learner’s thinking, being, and doing were reportedly characterized by feelings of self-doubt and low self-esteem (inner dialogue). The opposite side of the arc was reportedly

characterized as self-capacity building and well-being and included experiencing success, pronouncing a new self-identity, taking action, engaging in self-advocacy, and becoming other focused (outer dialogue).

I think it starts with feeling comfortable with who I am. Uh, somebody who doesn't have sight or hearing. But I can still make it in society, and that is it. (Bill)

As I came here, I'm out! I am deaf-blind. It was a release. In the past it was negative, and then I came here and I was able to tell everyone. (Charles)

The following are examples of elements of the dialogue, part of the hidden wellspring of the self-understanding of self-empowerment. Through self-reflection, learners revealed that they were not only less tolerable of others who were not encouraging, but they applied a new and higher standard to themselves.

Because I had to do or die. (Joel)

I was more passive, no more BSing anymore. So I am making a decision that I am deciding what is best for me. Before I didn't know how to say no. I have to do what is best for me ... what is healthy ... and for me that is empowerment. (Allie)

So if anyone thought I was going to come home and be passive, well think again, because it is not happening. (Sally)

The new-found confidence and successful learning experienced among learners was a driving force, a catalyst giving individuals the courage to change other life circumstances that they may have tolerated in the past. In the pre-empowerment phase, learners expressed how they felt trapped or did not see any alternatives. Moving the needle on the empowerment arc included changes such as ending unhealthy relationships, moving to a new apartment where transportation and community supports were more readily available, returning to college, breaking away from "controlling parents," or initiating a divorce. Self-empowerment was expressed by learners through life-changing behaviors, decision-making, and different ways depending on their internal and external predispositions.

The outer dialogue conveyed a new meaning, a new message. The collective script was also re-written. The power within the community was made visible through the amplified voices that conveyed a unified message. Learners conveyed that they were capable, and if they needed help, they would ask for it. Traversing the learning curve by individual learners resulted in empowered action. Collectively learners shared expressions of a vision of strength through self-competency, advocacy, and new perspective taking among and with a new community and culture. The findings revealed five unique and pivotal transitions that contributed to changes in learners' meaning perspectives and self-empowerment. The next section will describe these five types of transitions: (a) the beginning transition of vision and hearing loss; (b) transition described as a change in daily functioning; (c) transition of entering into the vocational rehabilitation program; (d) whole person transitions; and (e) transition from visual to tactual communication. The five types of transitions were far-reaching and illustrated the depth of change required by learners. Some these transitions may have contributed to the learners' transformative learning and self-empowerment.

The beginning transition of vision and hearing loss. The experience of vision and hearing loss was described as emotional with feelings of despair having to give up some habitual and valued ways of daily life. This change in emotional well-being was further amplified by the challenge of having to depend on others to accomplish daily tasks that were typically done independently in the past and were taken for granted. For some, this was the disempowered starting point.

I think I know how low it can get. I know what it is to not be able to help yourself. I don't like the feeling of helplessness. I don't like the feeling of having to be dependent on others. (Linda)

Individuals expressed a feeling of losing one's freedom, feeling like a burden to others, and experiencing a loss of self-esteem. Some participants described a feeling of depression, as if their life is over. To a person, participants reported feelings of loss: a

loss of people, places, and things, such as giving up social engagements, a job, hobbies, activities, and passions. Some of the giving up was by choice, and others were imposed or beyond one's own control. As the lyrics in a popular song, "My Favorite Things" (Rodgers & Hammerstein, 1959, as cited in Giddens, 1998), those once cherished, are now not within reach (sight or sound). A few of these "things" identified by learners were: visual scenery, driving, a job, the beauty of a flower, music, sports participation, and the face of a child. The loss of these significant, cherished, and favored "things" impacted external circumstances but, in addition, influenced learners' perspectives, beliefs, attitudes, and actions. Learners reported a loss of self-expectations to achieve future dreams and diminishing aspirations. The feeling of freedom and power within had faded. The learners' descriptive accounts of their initial disposition as a person experiencing a vision and/or hearing loss provided a baseline or starting point whereby learners embarked upon the journey of vocational rehabilitation. The data revealed that a large majority of the learners (88%) hit a low point before seeking services. The learners revealed common pre-empowerment experiences that precipitated their engagement in the process of vocational rehabilitation.

It should be noted that, at the time of the interviews, learners were at various points in their rehabilitation program. This timing as well as their varied prior life experiences influenced the steepness of the learning curve on the empowerment arc. For example, learners Eve, Barbara, and Sally already possessed a stronger propensity toward self-empowerment. It was not possible to fully understand the variables that led learners to have the strengths in this area; however, based on these learners' narratives, contributing factors could be a result of strong family support, prior successful educational experiences, and/or lifelong learning dealing with adversity and overcoming challenges.

Transitions—A change in daily functioning. Appendix H, Transitions—Changes in Daily Functioning, provides a summary of the most significant factors reported by learners that were relevant to functioning in everyday life as they embarked upon the

transition. There were many common experiences reported by learners respective of a change in functioning. The learners' statements are indicative of what is valued by each individual learner and where change may be most prominent or most challenging. The information regarding frequency of this type of change in functioning reported by learners shed light on the magnitude of change that confronted individual learners as they traversed the new territory of living and learning with a combined loss in vision and/or hearing.

The losses were varied and ranged in frequency; they included giving up driving (28%), losing a job (50%), losing a reliable method of communication (72%), experiencing loss and rejection in relationships (33%), and being viewed by family members as incompetent (22%). These percentages may be underreported due to not all learners commenting on the specific losses, even though they might have occurred. The loss in the ability to communicate was sudden for 11% of the learners. For the remaining learners, it was experienced as a gradual change; however, this change now combined with the other modality loss was causing difficulty with everyday functioning. Some learners, having experienced a change in vision, were no longer able to access visual sign language reliably (39%), which was reported to be their primary method of communication. Learners also reported the inability to access text. One learner, Eve, an avid reader, described the feeling of distress now having to give up a cherished hobby she had enjoyed all her life. How these losses were initially interpreted by learners varied from feeling awkward, experiencing a loss of self-esteem, feeling depressed or isolated due to a breakdown of relationships, or despair due to their encumbered independence.

One participant, Charles, explained how he was now struggling with a significant hearing loss. Having lived and conquered much as a blind person, these were his badges of courage, the successes, the noteworthy achievements that in the past provided him with a sense of self, including a sense of self-esteem. Now confronted with a new reality, it called for a complete re-framing. What will be in the new picture?

When I lost, when I first started addressing my hearing loss, I was really panicked, extremely so. I lost all my confidence, completely shattered me as a person and I had a while to hit rock bottom and really regroup. (Charles)

The lived experience of once having to compete as a blind person in a sighted society, a dominantly visual world, he was now faced with competing as a deaf-blind person in a hearing-sighted society. This required a changing of the lens along with the frame.

John shared how his decrease in hearing ability made it difficult to comprehend conversation when he was with “a bunch of people.” Social gatherings were not enjoyed due to the inability to have confidence in his ability to participate fully in conversations.

The losses experienced and expressed among learners shared a commonality. The types of losses were represented by a diminished self-expectation. The transition of living with a vision and hearing loss was disorienting, and a learner’s customary way of being in the world was turned on its head. Multiple losses were occurring simultaneously, the effects of which were far-reaching in many life domains. The loss of vision and hearing was crossing a threshold to many unknowns with a yearning to get back what was lost.

Transitions—Entering a vocational rehabilitation program. The decision to enter a residential vocational rehabilitation training program was not an easy decision and, once enacted, was not an easy transition. The learning community was unique, with its own opportunities and barriers. Participants shared in their discovery of how powerful and meaningful it was to interact with peers and learn together. There was a comfort level when experimenting with adopting new adaptive skills. Confidence and motivation grew as learners engaged collaboratively with peers. The opportunity to exchange experiences and perspectives through conversation and dialogue strengthened their desire to move forward. It was often through the support of peers, having the opportunity to observe the successful transitions of others who had made the journey or were further along in their journey, that participants were able to embark on the “road less traveled” with confidence and a “strut in their step.”

Entering the adult learning community of deaf-blind learners was experienced by 94% of the learners as “a first” at truly having a sense of feeling included. The encouragement given generously by peers was often celebrated at some point later in their own journey as they too offered mentoring and peer support to others who stood where they once stood at the beginning of their journey making those tenuous steps forward.

Learners also expressed the initial awkwardness being immersed in the diverse adult learning community for the first time due to differences in communication preferences, language, or culture. A few participants remarked how the diverse deaf-blind community could be a challenge in and of itself with its own barriers of communication and issues of non-inclusivity, requiring an investment of effort to overcome. The majority of learners participating in the study had a strong desire to gain more understanding of the differences and gain the skills to overcome the communication barriers, even though it brought experiences of frustration, awkwardness, and humility with not knowing. Learners who were hard-of-hearing discussed their efforts to learn sign language. Other learners were adapting to tactile sign or employing technology to cross the communication divide. Learners were empowered as they gained skills and strategies that enabled them to broaden their social circle and make genuine connections with peers. As Helen Keller said, “Vision separates us from things, hearing separates us from people.”

Transitions—Whole person learning. Whole person learning includes the physical, communicative, social, emotional, cultural, economic, political, personal, practical, and spiritual realms.

The transitions experienced by learners were often accompanied by an impetus for change as they began to adapt to living and learning with a dual sensory loss. The functional implications alone created a transition to a new way of being, thinking, and doing and touched all life domains, including the physical, communicative, social, emotional, economic, political, personal, practical, and spiritual aspects and realms of

personhood. The far-reaching implications included but were not limited to performing tasks of daily living, having access to information, interacting with others, connecting with others, building and maintaining relationships with family and friends, attaining employment success, gaining opportunities for advancement in one's career, simply engaging in moments of enjoyment, participating in revered hobbies, contributing talents such as teaching and creating music, and ultimately achieving one's future aspirations. The learners interviewed particularly pointed to a change in self-beliefs, attitudes, learning, and behaviors that permeated their sense of being, thinking, and doing. Appendix I, Transitions—Whole-Person Learning, represents the learners' responses to the losses experienced. The data are indicative of how once the threshold of the transition was crossed, the doors to learning, adapting, and adopting were commonly opened among the eighteen learners. The data exemplify the value and impact when learners take deliberate action on their pathway to self-empowerment. Ten dimensions of whole-person learning are included in Appendix I to illustrate how the experience of vision and hearing loss can be characterized as "whole person changing."

Transitions—Visual to tactual communication modality. The transitions experienced by learners in the area of communication are central to the process of empowerment and deserve a more in-depth analysis. The transition made by learners from a visual modality to tactual modality was not simply a matter of practice after choosing a new technique. Perseverance was required to adapt and change one's orientation to interacting with others and the everyday environment. The exploratory phase of learning and initial encounters with others using the tactual modality was awkward and required letting go of fear and replacing it with courage to trust, to envision a positive outcome, and to work outside one's comfort zone.

Barbara shared her advice to others who are beginning this transition.

Ya' know, I would say to that person I know that it is awkward; I know that it can be uncomfortable. But with training and with practice, you can

become very skilled at using tactual sign language. I think I would just say to that person it is a process, it is something that does not happen overnight, and it takes time and just do it.

Ya' know, just having the experience with a variety of people helped. Just feeling the different handshapes. Some people have larger hands. Some people have smaller hands so just having the experience. (Barbara)

Learners not only gained confidence through developing competencies but gained greater awareness why tactual sign language was a winning proposition in terms of reducing stress and providing a sense of control in conversation with others by employing it on a regular basis. Learners admitted that it was not easily acquired, and for many learners, the way to overcoming was by doing. "Just do it," engage in the process, seemed to be the mantra.

Not requiring support from an interpreter, thus enabling the learner to engage directly in a communication interaction, was empowering. This, in turn, impacted the learner's ability to connect with others when desired (control and choice) and develop valued relationships, including opportunities for peer learning and support. The change in awareness and the actions experienced by the learning promoted self-empowerment because the learner had access to communication and their environment "at will" and more completely. This had the utmost influence, enabling the learner to act more autonomously and engage in dialogue. In turn, having this capacity opened up opportunities for the learner to engage in critical thinking and be self-informed in order to make decisions.

There is empowered action on behalf of the learner when options are part of the equation. Once having gained skills in tactual sign language, the learner was empowered to make a choice regarding which modality was more conducive to the context, environment, or with a particular communication partner. Having "tools in one's belt" available as needed was empowering to the learner. The provisional nature of visual or auditory functioning contingent on environmental and situational factors was common among learners. The well-known principle of "one size does not fit all" was re-framed,

taking into the account the intra-individual differences and conveyed as “my size does not fit me all the time.” This also applied to the choice of how much visual/environmental information a learner might prefer through touch signals, sign, or verbal description.

The learner in this case was taking responsibility and became an active agent in the success of the communication interaction. It was not enough to know exactly what one needs. This was propagated by the desire, ability, and strength to rely on others and trust that they will respond in-kind to the request. Self-empowering thought, attitude, and action came together with the belief that others too hold a responsibility and must also adapt, and that it is reasonable to request help when needed. Through the experience of doing, a learner gains the ability to express their specific communication accommodations (self-awareness and determination) with conviction (self-agency) and in an effective manner (self-advocacy). Juliet remarked, “I feel more comfortable now telling people exactly what it is that I need.”

This sentiment was shared by other learners. Individuals expressed how gaining competency with alternative methods of communication was liberating and how accessibility was a requirement in order to compete on a level playing field. Appendix J, Transitions—Visual to Tactual Communication, provides direct statements from the learners indicative of how the transition from visual to tactile methods of communication was experienced. The appendix identifies key factors that have emotional, physical, social, logistical, and positional characteristics.

Changing Interactions and Re-defining Relationships with Others—Empowerment Element #2

The second element of self-empowerment underscored the value of equal or co-active power within relationships. Learners described a questioning of the nature and the quality of their relationships with others. The study’s findings revealed that 61% of the learners described a change in feeling and a belief that they were worthy of not accepting relationships that were characterized in the past as “enabling.” These learners

commonly reported that some of their friends and family valued their helping role and were challenged as the learner began to re-gain their independence and needed their “help” less. It was empowering for the learner when they re-defined the relationship, taking into account their abilities, their independence, and their desire for reciprocity. The power of the relationship was equalized, whereby the terms of the relationship were more evenly defined. This phenomenon supported the premise that empowerment is self- and socially constructed.

And I refuse to go home and give up my power again. I refuse. No one has that right to take that from me and no one has that right to have it. Ever. (Sally)

Well, I wanted to be more independent. I do not want to rely on my brother, when my parents are deceased. (John)

Mom and Dad do not think that I need to have my own money, work or support myself. If I get married in the future ... I do not want him to do everything for me. (Jianna)

And for me a huge turning point for me was when I wanted to move out on my own after college I realized that my parents didn't see me as competent. And I didn't, somehow I missed that along the way. I didn't realize that that was the way they saw me. And it made me angry and it really hurt my feelings. (Sally)

The re-definition of relationships, a redistribution of power among others, was set into motion by the newly found sense of community among peers who were also experiencing a vision and hearing loss and were adjusting to a different life orientation.

Self-proclamation of Self-identity—Empowerment Element #3

Before I didn't know what a “db” person was. I didn't know what deaf-blindness was. I was never exposed to the deaf-blind community. So everything just kind of came up, it showed up ... and I was like wow there are other people out there like me. (Anthony)

I just want to be successful enough where my social deficiencies no longer matter and now I realize that, to learn when to throw the rule book out, and what rules simply aren't made for you because the game was not

made for you.... Yes, I am blind and yes I am deaf blind and I own that, but it's difficult. (Charles)

I thought I was the only deaf-blind person, and this one and that one I am able to socialize, its great! As I got here, I'm out! I am deaf-blind. It was a release. (Tammy)

Sixty-seven percent of the learners expressed and described a clear threshold to self-pronouncement of a deaf-blind self-identity. This transition had a profound impact on the learners' outlook of their future and their self-efficacy. They reported a feeling of success and self-capacity that was empowering. It was as if making this shift propelled learners to adopting a more positive approach to their learning experiences, which in turn opened them up to more learning opportunities and an increase in skills.

Learners expressed that prior to entering the adult learning community of learners who are deaf-blind, in which others shared their perspectives, challenges, and victories, there was a recurring and often overwhelming feeling of self-defeat, being lost, and lacking a place to "fit in." Learners were reportedly preoccupied with the losses of what was once their life with respect to how they functioned and once dreamed. They reported that in many ways their worldview had changed. In the past, things made sense, decisions were theirs, independence was commonplace, and social engagement was just a normal aspect of daily life. The current reality required multiple adjustments on multiple levels.

Upon entering the program, learners reported that in a rather short period of time their perspective began to change. They recognized the successes of their peers who had come before them and soon began to emulate them. The growth in self-awareness and admittance to a new or expanded identity were a celebrated realization. The losses were now viewed as "just what is." The identity brought with it an advantageous perspective, as described by one learner.

But at first, I felt very out of place. There were times when I was here and I thought, am I that deaf-blind? To be here? Do I belong here or is this a mistake? It wasn't a mistake at all. I still had to come to the conclusion that there are so many variations of deaf-blindness out there. I have embraced

myself now, I've traveled, ya' know you have a journey in life; ya' know you go through life with the acceptance of all part of my life. (Joel)

Reaching the threshold of self-identity as a person who is deaf-blind was a journey of self that was unexpected. However, as learners reported, once they arrived and crossed the threshold, they experienced a new freedom. Peace of mind, which was self-generated, became more important than pleasing others.

I am not being apologetic about who and what I am. I do not hide it anymore. Part of what made me more comfortable is realizing there is no hiding this. Ya' know with grief you get to bargaining, and part of bargaining is not dealing with what you have to deal with. And after I got hearing aids, I realized there is no hiding that the most important thing for me was hiding from myself ... in many ways I do not entertain what other people think. (Charles)

Individuals expressed that they were in the process of embracing a new identity; deaf-blind, they now understood the reality of being interdependent, just like everyone else, and there was no need to be perfect at everything. There was no need to conform to rules that were not created on their behalf; they could and would create their own rules. There was a movement to acceptance of self, and embracing a new way of doing, a new vision of self, and a new vision of the future.

The self-identity was juxtaposed with other core beliefs regarding self that were very much tied to familial and cultural learning. The manner in which cultures of origin might have heavily influenced the person's view of the disability was called into question and oftentimes discarded. The strong, deeply embedded values of one learner's parents no longer had a stronghold on his perspective.

I have an abundance of identity issues. I had to shed my identity and reclaim it on my own terms. I had to step outside myself to see what I was dealing with. (Charles)

This individual seriously questioned his long-held assumptions of Eastern values and culture with respect to a person with a disability. His reported self-awareness was no simple matter.

I walk a very fine line between infant and invalid especially in my family. It's one of those things where if you are unable to adhere to the standards set forth by your culture and be a child who just shuts up and listens, you are disregarded, you are a perpetually a sideliners. Here is the thing about that, when you are able to adhere you are able to follow the path of everyone else and be a part of the conversation be a part of the broader narrative as well as your own and when you are different no one knows how to deal with you. So they don't and they ignore you and you are a sideliners, you are left without a sense of self. (Charles)

The interpretation of how one viewed their self-identity as deaf-blind was, for Charles, a deliberate decision to step outside of his culture, to determine that his cultural pre-disposition did not have to dictate future expectations or self-perception as deaf-blind. There was a self-realization that in order to attain self-actualization, a shift in beliefs and actions was required. Charles and other participants recognized that they did not necessarily need to adhere to their family values and expectations and accept the rank as a perpetual sideliners. Their own lane might be less traveled, it might be different, but clearly had its vantage point and could take them where they wanted to go.

Ya' know I've gained a lot of valuable insight. So much of what I have gained has come from immersion into the community. As I said before I hadn't had any dealings with people who are deaf-blind and I never used to identify as deaf-blind. I identify now as someone who is deaf-blind now for the sake of brevity but also because it is a functional definition.... For all intents and purposes deaf-blind says all I really needed to say for my purposes in terms of I have a combined vision and hearing loss that creates a significant communication barrier and it affects my mobility. (Charles)

The genesis and strength of self-proclamation as deaf-blind can be described as socially constructed, but at the same time, this self-knowing and identification propelled and strengthened learners by giving meaning and benefits to their immersion into the deaf-blind community. Learners discovered that the community was a safe place to try on the identity and wear it with pride.

The next important element, self-advocacy, is the ability to take action in order to obtain those needed resources and accommodations, to enact new ways of influencing one's environment, and to be a change agent within one's community.

Self-advocacy—Empowerment Element #4

Deaf-blind learners commonly identified specific self-advocacy actions that resulted in the removal of environmental accessibility barriers. These barriers are characteristic of the lack of accommodations, accessible communication, support service providers, interpreters, environmental information through haptics, having adequate lighting, provision of a human guide, tactile modifications, braille materials, large-print text, and other necessary adaptations that level the playing field. Self-advocacy actions were prevalent among learners.

Time and time again, learners made it evident that self-confidence, knowledge of their rights to accommodations, and the belief that one can influence one's environment were not taken-for-granted endowed abilities or self-characteristics. The act of self-advocacy was developed and polished with training, practice, and everyday experiences. Significant to self-advocacy were self-awareness, knowledge of resources, decision making, self-confidence, finesse in communicating accommodations, having a positive attitude, and the availability of peer support. Learners described a process to gaining the ability to self-advocate, which often included advocating for others. Self-advocacy skills progressed for many learners over time seeming to develop once having acquired a reliable method of communication and upon gaining a better understanding of their vision and hearing loss. It should be noted that not all learners followed this sequence and for some learners the elements of self-advocacy had already taken root prior to their participation in the vocational rehabilitation training. There were three learners—Eve, Sally, and Barbara—who reported prior experiences when they exercised these skills and felt fully competent, comfortable, and confident in this role prior to immersion into the adult learning community. Learners described how self-advocacy as knowledge became effective in action.

Appendix K represents the associated experiences of learners moving toward self-advocacy, as reported by the learners. There was not a definitive sequence; however, the

interrelated attributes identified in Appendix K are what the learners paid attention to and shared during the interview process. It is possible that the frequencies of these associated experiences were higher. For example, only 28% of the learners reported gaining knowledge of resources and applying that knowledge to what they wanted to do. It is possible that this percentage would be much higher if direct questions regarding obtaining resources were asked during the interview. The existing patterns and findings prompt further inquiry. Sixty-seven percent of the learners acquired self-advocacy skills and applied them to real-life situations to varying degrees with the expectation of gaining accommodations. More than half the learners (55%) reported having changed their assumptions regarding using their voice and questioning authority or the status quo. The learners' acquisition of self-advocacy skills was a contributor to self-empowerment, and empowerment supported a person's belief to engage in self-advocacy.

Changing one's perspective regarding self-identity, whereby the person was no longer trying to just "fit in" or conform to a hearing-sighted world, and gaining self-awareness and knowledge of what works in terms of accessibility necessitated a commitment to self as a causal agent in one's life and to enact self-advocacy skills. The learners shared how the art of self-advocacy was not just a matter of WHAT; identifying their preferences and needs for a particular context for accessibility also involved learning the skill of HOW, learning how to express their accommodation needs and life management concerns in an effective way. Typically, this taken-for-granted skill is picked up and learned incidentally through regular social interactions. The responses by some of the learners indicated that the nuances of negotiating needs, influencing others to recognize these needs and respond positively, was difficult and not the default approach. The learners expressed having challenges with the manner and social subtleties that were effective; they might instead approach situations with anger, frustration, or a demanding demeanor or, on the other hand, simply "put up with it" or "sit back" in order to avoid a confrontation.

I learned not only advocate for myself but advocate in the right way. Not do it the wrong way. Because I felt every time I tried to speak up for myself that I was doing it wrong. (Linda)

Anthony talked about how he changed his style of communicating what accommodations he needed, and described how he experienced some difficulties with one of his instructors. He remarked that the instructor spoke loudly out of habit and was not conscious of her tone or how her style of communication impacted him.

So it became a habit, sometimes I had to remind her, and sometimes I had to put up with it, and that kind of made me feel ... it was another barrier. What has changed ... the way I communicate with people, like if I don't agree with something or the way they apply their techniques, I just let them know. (Anthony)

He continued,

You have to stand up for yourself. You still have to advocate for yourself. Let them know how much you know. Express your thoughts. (Anthony)

Earlier in the interview, Anthony described self-empowerment as “the ability to self-advocate and having the skills needed to survive in the community and the motivation.”

The new-found confidence to speak up on his own behalf was an acknowledgement of his self-worth and was an impetus for taking action with a new self-expectation and expectation from others. There was also a new perspective that also assigned a responsibility to the learner to ensure that their communication was accessible. In other words, they acquired knowledge that strengthened their own commitment to be good partners in communication. Bill and others reported no longer settling for inadequate receptive understanding, making the other believe that their message was received and understood when it was not.

Engaging with Peers; The Power of Peers—Empowerment Element #5

Evidence of the phenomenon of self-empowerment becomes visible through individuals' engagement with peers by sharing in learning opportunities, dialoguing about their experiences, and developing social relationships. Learners, time and time

again, spoke of the importance of peer interaction and peer learning. Peers provided a safe space to experiment and try on new ways of being, thinking, and doing. There was a quality of camaraderie, compassion, and understanding mixed with a special permission to challenge one another to move ahead and let go of the terms of being sighted and/or hearing. Peers provided the beacon by shining a light as to what was up ahead. The reciprocal quality of the peer relationships was welcomed and for some empowered them to be themselves rather than trying to fit in or pretend to continue with life as usual.

The learning content incorporated peer learning and mentoring. Classes among learners focused on self-advocacy, interactive problem solving, and gaining meaning through support groups. Learners reported that opportunities to meet successful deaf-blind people inspired them to take risks and try on new adaptive skills.

There was strength in numbers and, for many living in rural areas of the country, entering the vocational rehabilitation program and becoming part of a collective deaf-blind community was an uncommon experience with unquantifiable benefits. Support groups that promoted interactive dialogue among learners were meaningful. Being around others experiencing the same challenges was helpful for developing skills and for overcoming feelings of grief.

I wanted to meet others who were going through the same things as I am. To be with people who are deaf and hard of hearing. We are all deaf and hard of hearing. We are all blind. I want to be around other people to help me get over my grief. (John)

Mentoring peers was one way to strengthen one's skills and was reported as a positive experience increasing self-efficacy.

And I was also, when they did the work study group ... I was asked by my instructor to help lead the group, that helped me a lot to help them. (Barbara)

Witnessing how peers adopted new strategies and adaptive skills opened learners to the same possibilities for themselves.

The next day I met a beautiful student. She had this huge smile and she was strutting her stuff. She used her cane. I said to her, she was deaf-blind. I asked her how do you feel using a cane. She said this is my best friend. Best friend. I asked her why? She said it protects me, it lets me know, it helps me from falling. You should not be embarrassed, go ahead use one. So I took a cane out. It warned you. It let you know what was coming up in advance. I said thank you very much. I gave her a big hug and I went back to my mobility instructor and I said I wanted to use a cane. I said let's do it. I was so excited to use a cane. I felt so proud of myself. (Alice)

Immersion into an adult learning community encouraged learners to look at their experience differently and adopt new ways of doing.

I gave up so much, and then coming here I gradually got it all back but in a different aspect. A different dynamic. A different way of looking at things. I have a different way of living. Now I have the resources. (Allie)

Ya' know it was kind of awkward initially. But then it's like out of habit you almost have to become comfortable with it especially with socializing with others here it becomes like a habit. It's like human nature, it is something you become used to doing. (Joel)

For some individuals, there is a call to social action, which may entail self and collective movement to address broader issues of community empowerment. The findings revealed that oftentimes individuals, once having acquired a sense of self-empowerment, found satisfaction and meaning through sharing their learning with others and taking steps to support others.

Becoming Other Focused—Empowerment Element #6

My sensitivity is evolving towards mankind in general. (Joel)

As self-confidence and self-advocacy increased, the power of giving, or “paying it forward,” also increased. The ability to give back and promote the learning of peers through their self-leadership and mentoring had a powerful influence on how a person defined their relationships with others. Their relationships with others were not dictated by trying to please others or appear a certain way. Instead, there was an authenticity revealed, an opening up and becoming more vulnerable and a willingness to express the

emotional side, acknowledging the personhood in another. It was an awareness of the human side of the equation.

This was a decision to be whole, to be authentic, to have courage, to open oneself up to new ways of being, thinking, and doing in a positive way. There was a reported transformative quality that was like breathing air into a deflated self. For a number of learners, once the identity was embraced internally, it often took on an external persona that was emulated among peers, and there was an interest in “paying it forward.” Appendix L provides exact statements conveyed by individual learners regarding their desire to share what they had learned and support others with their learning by providing support and encouragement.

Disempowerment

The experience of disempowerment was characterized as internal (psychological): having diminished self-expectations, loss of confidence and self-efficacy, loss of self-esteem and motivation. Learners reported a feeling of isolation, judgment by others, and rejection. They viewed themselves as a burden to other people. External circumstances that were socially constructed and influenced disempowerment were related to the lack of inclusion and opportunities within broader community contexts. Disempowerment was at times a result of self and others’ stigmatizing perspectives. External circumstances that influenced a practical domain of everyday life, such as losing a job or giving up driving, had ramifications with living a fully independent life in the community. Commonly asserted by learners were disempowering experiences in relation to others.

Table 7 provides direct statements made by learners with respect to the experience of disempowerment. The frequency among learners is indicative of how learners commonly confronted a strong social barrier.

Learners also described a sense of disempowerment when they were at times describing their interactions with practitioners. Practitioner-learner interactions are

described in more detail in the following section as one of the four significant contextual elements that may contribute to or promote a learner's self-empowerment.

Table 7. Disempowerment—As Voiced by Learners Embarking on the Journey

Learner(s)	Statements	Key Factors—internal and external factors that diminished empowerment	Frequency
Sally, Eve, Keith, Bill, Josh, Linda , Anthony, Allie, Rachel, Charles, Alice, Joel	<p>“Ya’ know learned from the Bible that you really have to fight for yourself, you know what I mean. And not be, well of course there were times when I did feel depressed. Like when I left work. I was basically told I had to leave work and I loved working at the post office. And it was amazing there. And I worked hard and I felt that I did a good job. I did everything I had to do. And I knew everything I had to do.” (Sally)</p> <p>In XXX School it was you can’t do this and you can’t do this.” (Alice)</p>	Being judged by others as less able.	67 %
Alice, Linda, Allie, Juliet, Sally, Keith, Charles, Jianna, Anthony, Keith,	<p>“in the past I used to even drive. Ya’ know I was an independent traveler, which I really enjoyed and all of a sudden I had to stop. Of course naturally it was depressing”</p> <p>“I didn’t feel I could drive all the way home. So I texted my husband and he was at work. You need to pick up Joseph. He said why? You are fine. You were fine yesterday. I said I need you to pick him up. I told him to pick up our son. I left the car and walked home. It was near our home. I was crying a lot.” (Alice)</p>	Not having family members respond in a positive and supportive way to circumstance of combined vision and hearing loss.	55%
Charles, Josh, Linda, David, Rachel, Allie, John, Joan, Keith, Juliet	<p>“I walk a very fine line between infant and invalid especially in my family. It’s one of those things where if you are unable to adhere to the standards set forth by your culture and be a child who just shuts up and listens, you are disregarded, you are a .perpetually a sideliners.” (Charles)</p> <p>“I feel they are not going to hire me because of my vision.” (Keith)</p>	Loss of self-expectations	55%

Table 7 (continued)

Learner(s)	Statements	Key Factors—internal and external factors that diminished empowerment	Frequency
Linda Other learners: all learners with the exception of Alice and Eve	“I think I know how low it can get. I know what it is to not be able to help yourself. I don’t like the feeling of helplessness. I don’t like the feeling of having to be dependent on other people or that feeling of co-dependency.” (Linda)	Loss of power, loss of feeling independent	89%
Juliet, John, Anthony, Josh, Charles Keith	“And he said just think optimistically. You really have to move on. Because I had my head in the gutter for some time.” (Juliet)	Lack motivation	33%
Alice, Charles, Eve, Jianna , Rachel, Joel, Keith	“My ex-boyfriend broke up with me because of my vision loss.” (Rachel)	Other’s having low expectations of his/her abilities.	39%
Charles, Joel, John, Juliet, Anthony, Allie, Alice, Ed , Sally, Keith	“When I lost, when I first started addressing my hearing loss, I was really panicked, extremely so, I lost all my confidence, completely shattered me as a person and I had a while to I guess hit bottom and really regroup. It’s necessary. It’s never really glorious and it never really goes the way you planned. It didn’t go the way I planned.” (Charles)	Loss of confidence Feeling like hitting rock bottom Unpredictable ; needing to re-arrange, plan to roadmap	55%
Linda, Keith, John, Juliet, Alice, Anthony, Charles	“I had to rely on someone else to take me shopping and this person instead of just taking me shopping with a list he would just take the list and go shopping for everything on the list and leave me standing in the middle of the store. So I felt isolated.” (Linda) “I would like to have a friend.” (John)	Feeling of isolation , feeling marginalized	39%
John, Juliet, Jianna, Keith, Josh	“I no longer want to depend on my brother.” (John) I asked my future husband if he wanted to cancel the wedding.” (Juliet)	Feeling like a burden	28%
Keith, Barbara	“When I don’t tell people about my eyes it make me feel small.” (Keith) “I would be hiding, like a coward, I want to admit. I want to be me.” (Barbara)	Loss of self-esteem; Fear to disclose disability for fear of lack of acceptance by others .	17%

Table 7 (continued)

Learner(s)	Statements	Key Factors—internal and external factors that diminished empowerment	Frequency
Rachel and Keith Other learners: all with exception of Ed (he did not express losses)	“My ex broke up with my boyfriend because of my vision loss. He said he could not accept me for my vision loss, he thought of me negatively, you can’t do this, and you can’t do that.” (Rachel) What is your dream for your future? “I would like to have a friend.” (Keith)	Loss of relationships	94%
John, Anthony Josh , Linda, Sally	“I thought it would be scary but I was wrong” (John)	Fear preventing one from taking actions that needed to be taken	28%
Barbara, Sally , Linda, Charles, Joel, Josh, John, Keith	“They would gossip about my background and my history and ya’ know what I was defined as or what disability I had.” “That can create a negative experience, I am right here You two are talking to each other.” (Barbara)	Awkwardness, others judge and define them by their disability and not their true self Not being included in a conversation and feeling invisible to others by not being included.	44%
Josh, Joel , Sally, Linda, Anthony, Allie, Tammy, Juliet, Eve, Keith	“I feel disempowered when things go slower ... when I feel things are not in my control. I feel disempowered when others don’t support me.” (Josh)	Not feeling in control of situation. Lack of support from others.	55%

Contextual Elements of Self-Empowerment

The findings revealed the importance of the context in which the instructional strategies are embedded. The data revealed four significant contextual elements that contributed to self-empowerment among learners: (a) learning milieu; (b) touch culture; (c) communication and environmental accessibility; and (d) behavioral and attitudinal qualities of practitioner resulting in positive interactions.

Context can refer to the physical environment, the real-life experience of the learners, the circumstances and dispositions of learners, or motivational factors present during the learning opportunity. It can be examined through a social, cultural, or psychological lens. The context can be viewed as an internal or external characteristic. The backdrop of learning will be the first step in analysis to reveal the strategies among learners and practitioners that were empowering.

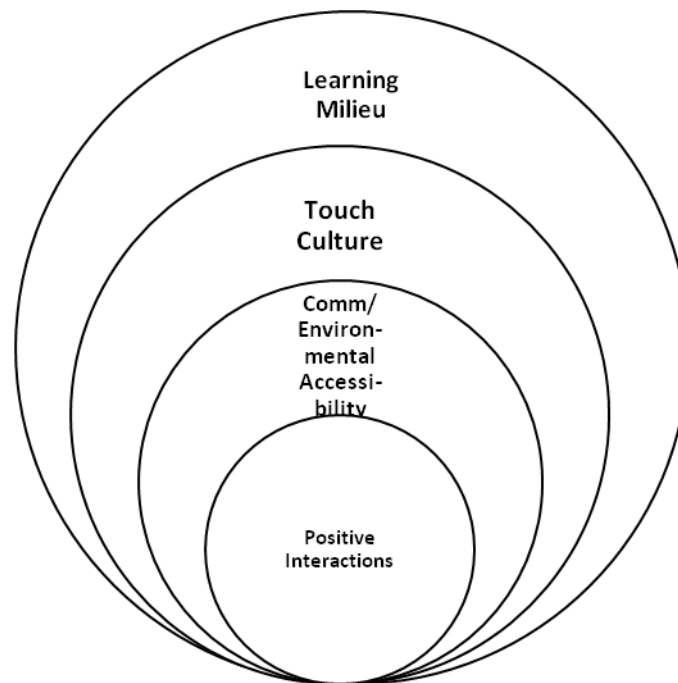


Figure 3. Contextual Elements in Empowerment-based Practice

Before examining the learning strategies and opportunities utilized by learners in each of the five core instructional areas, it became evident there was a need to capture the reported characteristics of the learning environment or learning milieu in which the instruction was embedded. The context considered by learners as empowering was described as an environment of inclusivity, accessibility, and interactivity, where positive relationship building could occur. Learners qualified the interactive environment as one

that was empathetic. Practitioners were present and were not, as Bill described, “regurgitating a script” and were able to “step out of institutional baggage.”

Another significant characteristic mentioned by the learners was working with practitioners who had respect for their life experiences and who created an equal and reciprocal partnership. The adult learners in the study expressed how instruction that challenged them and took them out of their comfort zone was empowering. Learners, for example, expressed the experience of learning tactual sign language, haptics, use of crossing cards in downtown Manhattan, and cooking blindfolded as learning experiences that were truly challenging and that gave them a sense of confidence when completed successfully, fueling their motivation and self-empowerment. These were “activating events” that provided learners with an experience they had no previous frame of reference to draw upon, which required them to engage with unknowns regarding their prospect of success or the way others in the environment might respond. These experiences required a leap of faith, a re-adjustment to what they considered customary, “normal,” or comfortable and instigated a change in meaning perspective.

The adult learners who are deaf-blind reported on contextual elements that were unique to them. The data analysis revealed meaningful environmental (physical, social, cultural) elements that practitioners should be aware of with an aim to create an optimal learning space. These were part of the descriptors that contributed to identifying the importance of a touch culture that is deaf-blind friendly and is a communication-accessible environment. Figure 4 depicts aspects of the physical, social, and cultural contextual elements. Physical characteristics reported among learners included: specific considerations for accessibility, such as lighting, glare, color contrast, access to visual and environmental information, support service providers, and availability of adaptive equipment. Social contextual elements included having access to peers for collaboration, challenge, and support. Deaf-blind cultural contextual elements mentioned included behaviors such as slowing down and giving time, touch as a primary modality for

communication, appreciation of touch aesthetics, and environmental organization as an important reality.

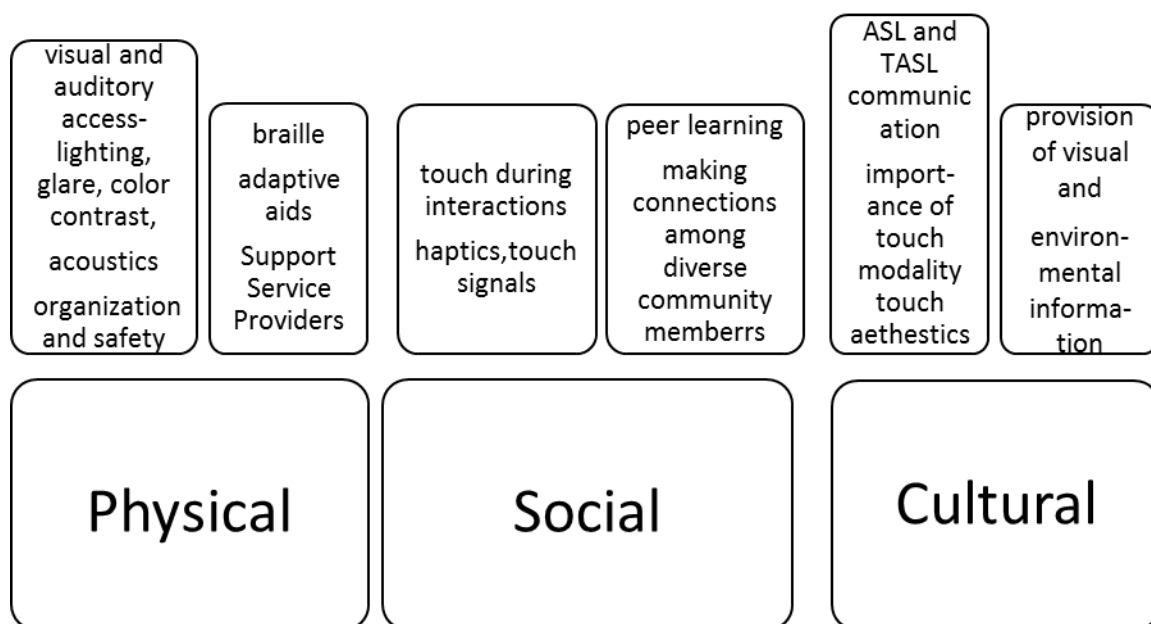


Figure 4. Contextual Elements that Support Learning as Reported by Learners

Learning Milieu

The first contextual element learning milieu was characterized as a “deaf-blind friendly” learning environment. This term used by members of the deaf-blind community connotes a learning milieu that is optimal for learners and appreciates their experience, perspective, and accommodation needs. It has been described to some degree in the section titled “Touch Culture.” When the researcher distilled the essence of this phenomenon, what became most prominent was the quality of interactions with others and relationships with instructors. Learners reportedly desired a relationship with their instructors that were characteristic of respect, mutuality, and shared power as the foundation. As one participant explained,

If they possess the understanding for you as a deaf-blind person, that makes for good teamwork and relationship. If they are not going to understand you it is not going to work. What I mean, that we have feelings like everyone else. (Joel)

Table 8 illustrates the viewpoints shared by learners about the qualities of the learning milieu. The higher frequency among the qualities indicates a greater importance placed on this quality among the 18 learners. The findings revealed a wide range of experiences and preferred qualities contributing to comprehensive picture, a gestalt perspective of the optimal learning environment. This can be captured under four key sub-themes: environmental and communication accessibility, equalized power dynamics, rapport and positive relationship established between learners and peers and learners with practitioners, and comprehensive instruction that is learner-centric.

Table 8. Positive Qualities of the Learning Milieu Described by Learners

Learners	Expressed comments made by learners	Qualities of Learning Milieu	Frequency
Barbara	"I feel people here are making me more aware of what is happening in my environment." "I want to know what is going on. I want to know what the environment looks like."	Access to environmental information and environmental supports	Barbara, Linda, Allie, Jianna, Joel, Alice, Juliet 39%
Alice	"We email, we text, each other and expressing our experiences , our life, our vision loss...everything with each other."	Interactions with others, peer learning opportunities	Alice, Joel, Ed, Jianna, Allie, Anthony, Linda 33%
Alice	"Oh wow, so inspiring, it would send chills up my arms. She would teach me on my leg directly and show me the symbol. And tell me the symbol means happy or means sad. That symbol shows the facial expression. I would get all that information in my mind that would add to the story being built."	Use of Haptics	Alice, Joel, Ed, Jianna, Allie, Barbara, Bill, 28%
Jianna	"Well the ideal situation is that I have good lighting and that people are within my field of vision. It depends on a person's skin color as well and what they are wearing. Clothing is very key."	Provide accommodations; Accessibility to environmental information: Lighting, communication , touch signals, solid contrasting clothing , braille labels, adaptive technology and more	Jianna, Bill, Anthony, Ed Juliet, Allie 33%

Table 8 (continued)

Learners	Expressed comments made by learners	Qualities of Learning Milieu	Frequency
Bill	"My first meeting, I felt like I was part of the team. I felt like they gave me a real sense of leadership and responsibility."	Power dynamic is reciprocal and equally exchanged	Bill, John , Anthony, Allie (22%)
Sally	"I think teachers should ask specific questions to students such as do you already know this skill and if they do you move onto something different. I think teachers should check in with the students."	Prior life experiences are valued	Sally (5%)
Sally	"By letting me do it and by letting me make mistakes."	Learning through self-discovery	Sally, Barbara, John (17%)
Joel	"Once we had rapport, then the learning began."	Rapport and relationship is basis of learning	Joel , Anthony, Allie
Sally	"I really, really liked the one- on- one stuff. To me that was highly beneficial. Especially for someone like me with a hearing loss. Because then you are not competing with other things that are going on in the classes."	One-to-one classes	Sally (5%)
Bill	"Sometimes you have to take risks. Not everything is in a box. And as an instructor sometimes you want it to be in a box. And sometimes it just isn't."	Innovative outside the box thinking , not using prescribed learning approached or one size fits all.	Bill (5%)
Joel	"I think I am a very pleasant person. But sometimes I do not like to be patronized, almost like I am stupid. I mean I may be deaf; I may be blind but I am not stupid."	Mutual respect, practitioner recognizes talents and abilities of learner	Joel , Sally, Joel, Bill, Anthony (33%)
Sally	I think I need to be asked what I want to learn, that should be noted."	Co-authoring of goals.	Sally, John, Anthony, Allie, Alice, Eve, Joel (39%)
Joel	"And my opinion was heard and respected. And now I've learned I count. Our wishes count. You know what I mean?"	Learner- centric instruction	Joel , Anthony (11%)
Joel	"My time is important." "so planning ahead. I think planning ahead and ya' know why are we together when we are together."	Respect and value time dedicated to learning, have purpose and planning	Joel , Sally (11%)
Ed	"I learned how to use my companion, that's my braille device. I'm sending emails."	Learning opportunities addressed needs	100%
Charles	"There wasn't much that didn't take into account my hearing loss and I loved every minute of that."	Gear the learning to visual and auditory functioning	Charles (5%)

Communication and Environmental Accessibility

The comments from all participants in this study confirmed that a holistic approach to rehabilitation for and among adult learners who are deaf-blind is essential to ensure inclusivity. The learners revealed the emerging and evolving nature of what worked and what made sense as they engaged in their vocational rehabilitation program. For example, the value to learners of obtaining visual and environmental information took on greater importance for many learners over time through experience. For some learners, this may have been their first exposure to the method of Haptics. Prior rehabilitation settings and situations did not readily provide this information. Also each learner had a different need or desire for this information. For example, individuals who had been blind since birth expressed that they did not require or desire the visual information.

I think it is really good system especially for people who have recognition of what facial descriptions look like, say a smile or a frown or certain gestures. But for those of us who are “totals” [totally blind since birth], who may not know what those look like, it would take much more work. It doesn’t mean it is impossible, but it would take much more work to figure it out. (Sally)

Some learners expressed that they only wanted to receive visual information on a limited basis. It was also common that once an individual had the opportunity to master the system, their desire to use it in a variety of situations increased. A learner-centric approach was stressed, emphasizing the need for practitioners to inquire with each learner to ascertain their preference.

I just want someone to tell me what things look like. What is in the environment, what’s the background of everything that is happening, what do people look like? Just basically everything. (Linda)

Juliet shared how using Haptics with her Support Service Provider enriched her life.

Well, I tell them where to go. I am always in control. So they act as my ears and eyes. They also act as my guide. They might take me to the store and help me find things that I cannot find on my own. For example, I go to my favorite knitting store, so they tell me everything that is in the store. And so they actually give me visual descriptions of everything that is in the store.

Which is good. Because I was missing that before, and now I am getting that. I love it. I love being in that life. (Juliet)

For some individuals who are hard of hearing, the provision of information that is not easily accessed auditorally was a preferred need. John, who was hard of hearing and totally blind with a vivid visual memory and who was still mourning the loss of his vision, preferred a vivid detailed description of his environment so he could create a picture in his mind's eye. Bill, who is congenitally blind, surprisingly shared the following when asked the best way to provide him with environmental information.

Well, I think ya' know with me, just like explaining we are passing a beautiful set of store windows right now. And it is really kind of neat, they are ornate. To really give the shoppers a lift. To have a conversation about what is going on is really helpful I think. Ya' know it doesn't have to be formal. You can be trying to figure out, what something is going on that is challenging. You can say that and I can try to figure out, and it can be something very beautiful but it is hard to put into words and so I can imagine how something beautiful is, such as a setting in a theatre, so I can imagine what it looks like on stage, what the people look like. Or what they are doing as they prepare to have their performance. So just to have that ongoing live conversation. As you see it is the best way for me to get things out. (Bill)

Jianna reported that she relied on her light perception as a means of detecting something in the environment even though she was not able to visually identify it. She reported that she would bring this to the attention of her instructor or support service provider (SSP) and request more information about it. If she remained passive and did not inquire, there was a tendency by her instructor not to mention it, so that she would miss out on what was happening in her immediate surroundings. Learners reported that the amount and quality of the visual information was inconsistent or not at all.

Others described how they recognized that the omission of visual information was not deliberate by their communication partner, but it required a consciousness by their communication partner as well as the knowledge and skills to deliver it in a way the learner could understand. It was evident that the desired amount or type of the provision of visual and environmental information was dependent on the learner.

Visual and environmental information can be conveyed with discreet tactual signals, enabling the deaf-blind person an opportunity to gain better meaning of the situation and gain greater control over interactions.

Haptics is non-verbal, but it is tactual information that the interpreter of the SSP would give during a presentation. They would give you a roadmap of the room. And do it on your back. And it tells you where people are in the room. And whether the people are paying attention. (Allie)

Haptics is a tool for gaining access to the dynamics and behaviors of others in the room. It supplements what is being spoken or signed and conveys the non-verbal communication (such as people's affect in the situation) and physical space (such as the room setup). Haptics gives a person who is deaf-blind valuable contextual/environmental information so they can be in control of the situation and the interaction.

When a person is engaged in a conversation using tactual sign language, they are only able to access the message as it is directly being conveyed. What is accessible to sighted hearing communicators, the physical environment from a visual or auditory perspective, remains distant and inaccessible. It doesn't just fade into the background; it is non-existent.

So Haptics can change all of that, if I am focusing on you, all I see is you. I certainly would like to know if a fight is going on ... a little kitten could run across the room. Something exciting could be happening and I would surely know what's going on. (Linda)

The information through Haptics can also allow the deaf-blind person a more equal position in the conversation. Clearly, if a hearing-sighted person can visually observe a person rolling their eyes during a conversation, a deaf-blind person would benefit from the same information so they can adjust their message and interaction. Collaborative conversation is truly collaborative when communication partners have equal access during the exchange. Haptics can be done discreetly, as described by Alice: "...and you can be doing it discreetly. You could do it on my leg. It doesn't have to be formally." The

learner can customize how Haptics may be included during a conversation with their interpreter, Support Service Provider, or instructor.

I believe it is not based on the shapes of people's faces, what smiles look like. I don't see that. I don't think I understand gestures enough, and the use of print letters to do that very well. Haptics, but when John (mobility instructor) drew a line on my back which meant go to the right, I know exactly what he meant. He didn't even have to speak. (Sally)

During the interview, Eve acknowledged that there is frustration when this contextual information is absent, but she would give others the benefit of the doubt, believe their good intentions, and feel that the error of omission might be due to forgetfulness. For a hearing-sighted communicator, effort is required to incorporate this additional step. An important insight revealed through the interviews was how important it is for instructors to acknowledge and recognize that, during interactions, not having the visual and environmental information sets up an unequal position for the deaf-blind individual. This can result in misunderstandings and be a barrier. It also can result in non-satisfying interactions, and emotions may arise due to frustrations.

Touch Culture

Based on findings, the learning context is described as one incorporating a "touch culture." This "cultural" adaptation was unique and highly valued among members of the adult learning community of individuals who are deaf-blind. The touch culture depicts specific physical accommodations and/or accessibility requirements and manners of interacting that are critical for learners and support empowerment-based practice.

Membership in what has been identified as a "touch culture" with and among the deaf-blind community is an important aspect of the learner's strategies employed during their participation in vocational rehabilitation.

What has been identified as touch culture was comprised of conditions of learning, be they physical lending to better accessibility, social lending to a bond and a connection among deaf-blind community members, or philosophical lending to valued and revered

behaviors, customs, language, and beliefs. Although learners provided only a narrow view into this construct during the interviews, the lived reality bears mention due to its significance and uniqueness distinguishing adult deaf-blind learners from other adult learners. The touch culture encompassed a unique approach by learners to create a way of being, thinking, knowing, and doing that puts aside the striving desire to fit into the dominant hearing-sighted culture. What is unattainable is relinquished, and what is valued is celebrated. Without abandoning one's predisposition, the sense of touch takes on greater meaning for object exploration, emotional expression, orientation to the environment, gaining a connection and equal position during interactions, and gaining a sense of empowerment.

Touch as it is employed in accessing text in reading braille is commonplace. Braille is also used for labeling the environment and objects for identification and easier access. Preferences for salient tactile qualities, such as landmarks to aid orientation, whereby tactile symbols are used to make environment more accessible and aid orientation and navigation, were described by learners. Placement of objects in home and work environments is in relation to tactual orientation and ease. Tactual organization and tactual aesthetics were reportedly valued by learners. Touch was central to interactions and was reported as socially accepted and not taboo. Hands, elbows, knees, backs, and thighs were identified as locations where communication occurs. Hands carried and conveyed great meaning in communication. Time was given to develop touch association and touch memory.

I started with fingerspelling, then I started to touch hands so I could feel the shapes. Then I went to my hands being placed over someone else's hand. And that was the process. (Barbara)

Touch culture is a newly coined term (Woodfill, personal communication, 2016); however, the practices are the lived reality of the community throughout history. It represents a space that many footprints and handprints of early pioneers have helped to

pave, yet it still remains a good deal off the grid. The researcher found that the expressed needs of individuals regarding their experiences in the training program revealed this leaning in toward a touch culture. Jianna described learning to use new adaptive equipment for cooking: “For example, a kitchen timer that vibrates. Show the student, let them feel it ... that is better than just thinking about it abstractly...let the person learn by tactually exploring the object.” The importance of paying close attention to hand positions and seating during the initial learning of tactile sign language resonated among many learners making this transition.

I was learning tactual. I did not know what to do with my hands. My handshapes, I just didn't know the one hand or the two hand. I just didn't know how to position myself, as far as seating arrangement. (Allie)

Ya' know just having the experience with a variety of people helped. Just feeling the different handshapes, some people have larger hands, some people have smaller hands and so just having that experience and sometimes it was difficult just to differentiate but sometimes I think just having the exposure was really the important part. (Barbara)

The proximity when seated, where knees interlock and constant touch contact was used to convey the conversational pragmatics in unconventional ways, was approached tentatively; however, once a comfort level was achieved, it was embraced, revered, and became second nature.

The researcher attempted to identify the artifacts of the touch culture. Gaining access to the touch culture was empowering because not only did it represent self-authorship and ownership the by deaf-blind community, it bolstered accessibility and was the optimal condition for learners-in-context.

Behavioral and Attitudinal Qualities of the Practitioner Resulting in Positive Interactions

The participants were asked if there were strategies, methods, and approaches to their instruction utilized by their instructor (practitioner) that promoted and supported their self-empowerment. These were described and included principles of practice,

philosophies, knowledge, attitudes, skills, and methods of instruction. The empowered-based strategies or practitioner actions and attitudes held value and contributed to the quality of their experience and learning. These recommended strategies were less about instruction-specific learning techniques and were more about the strategies that influenced the learning context, rapport, and connection between the practitioner and learner. In essence, it was about how the instructor demonstrated regard toward the learner. There were several key dimensions. These included providing encouragement, being a culturally sensitive practitioner, remaining open-minded and asking questions, valuing the life experiences of the learners, and providing a level of respectful communication. It was somewhat surprising to find that 44% of the participants in the study mentioned the importance of being treated respectfully as equals by their instructors. Some reported instances of feeling patronized by the instructor, whether it was a direct or unspoken message that was being conveyed. Joel commented, “Being deaf-blind does not equate with having less intelligence.”

The whole person approach to instruction can best be described as the engagement of the instructor’s and learner’s Heart, Hands, Head, and Spirit. The expressed comments of the learners revealed the importance of an empathic and emotionally aware instructor. This was described as an instructor who valued the relationship and was sensitive to the ups and downs of the learner; in addition, an instructor who was a can-do, will-do person, whose behaviors exemplified the values and commitment to their role.

Learners’ sense and determination if an instructor was committed to the job was surprisingly a common consideration by the learner. There seemed to be a sizing up of the instructor based on certain qualities. How instructors enacted their role and when they went the extra mile was obvious to learners and made a difference.

Putting heart and soul into the job, I appreciate the heart and soul they put into the job that was the main thing. (Eve)

So I would think that a lot of people who take this job, they feel something in their heart, in their soul to work in this difficult field. (Joel)

She put her heart and soul into the job, and I love her. (Linda)

Learners appreciated when instructors honored them as adults recognizing their rich backgrounds and valued milestones and accomplishments on which to draw and build upon. The co-authoring of goals and a supportive team that showed appreciation for all a person had accomplished in life while raising three children was critical to one participant, Juliet, who said, “Ya’ know I really appreciated that. I felt that she really treated me like I was capable.” Bill firmly believed that instructors should participate in a simulated experience so that they can get some idea of what it is like to navigate through daily life with a combined vision and hearing loss.

I think I as the person who does have the vision and hearing loss, you do not really know what I am going through. And I think with the instructors here I think there can be some type of simulation. I think that deaf-blind people will applaud you, that they are willing to try experience, or interested in trying the experience. (Bill)

And I feel empowered when I am working with a counselor because oh ... um ... because they were working with me, they were talking with me and not talking down to me or anything else, they valued my opinion and talked openly with me. (Josh)

The learners expressed fear of the unknown and their need to gain knowledge about learning options. They reported they did not know what they did not know. Their reliance on and expectation of their instructor was to initially open their minds to the array of functional strategies, adaptive equipment, and technology that was available to them. As the learners expanded on their experiences and perspectives, they shared the significance of having an instructor to work with that was committed on both a professional and personal level. Linda reported that her instructor would inquire consistently about her progress with accomplishing goals. She was appreciative of her instructor attending to what was meaningful. The little things were significant: “the idea of using small things that I never thought of to help me to do the work I once did.”

They did not give me one specific avenue they gave me many. How about you try this, how about you try this? (Charles)

It mattered to learners that their instructors showed appreciation for their sense of urgency and met them where they were on their journey.

I felt pressured for time, time is precious while I was here. I wanted to do it as soon as possible. I said if I am willing to give up my time, you give me your time. If your time is important, my time is important. If you want me here at nine, you be here at nine also. (Sally)

It was supportive to learners when instructors were emotionally sensitive to their fluctuations in their mood and vision.

So the next time I saw her I said you were assuming, I could hear you. Yes, you may be right. I may have heard you in that office, but believe me I cannot carry out mobility that easily. Or I cannot carry out the things I used to take for granted as just a blind person. Now I am dealing with increasing hard of hearing the reality of becoming, deaf-blind. (Bill)

I was impressed, they tried to meet students where they are, and embrace them as individuals. No one size fits all because people are at different stages but there is also no single way to be deaf-blind. (Charles)

For professional working in the field the most important thing, as a client I can emphasize is that we are very much individuals. We don't think alike; we don't necessarily feel the same way about things. They recognize there are vast individual differences. I was impressed. The instructors are not just regurgitating the same script. (Charles)

In a broad stroke, the learner expectations of their instructors could be categorized into several dimensions: rapport and relationship, consideration of each individual learner (heart), expertise and teaching ability (head), shared authorship of goals (hands) and cultural awareness (soul). Table 9 provides a sample of the positive practitioner qualities identified by learners.

Table 9. Positive Practitioner Qualities Expressed by Individual Learners

Learners	Learners' Key Phrases—Examples	Key Factors—paraphrase
Bill	“I think I as the person who does have the vision and hearing loss, you do not really know what I am going through.” “try to find out what we are experiencing” “facilitate a client based reality.”	Try walking in my shoes - as part of preparation to your role as instructor undergo a simulated experience using sleep shades.
Bill	“at first I needed help seeing what was what. I needed help with just seeing what I needed.”	Help me identify what I need
Linda	“Ya’ know they give it a little personal touch, showing that they care, and compassion.” “She put her heart and soul into the job and that is the main thing.”	Bring your heart and soul
Linda	“what is keeping us from progressing” “the idea of using small things that I never thought of to help me to do the work I once did.” “They did not give me one specific avenue, they gave me many.”	Try another way
Charles	“how about you try this, and how about you try this?” “just getting constructed feedback from someone I admired and respected.”	Provide honest feedback
Linda, Bill	“I feel my teachers knew what my goals were, they were aware of the action plan and I just felt like I had a good easy relationship with me instructors.” (Linda) “I definitely felt we worked as a team together.” (Bill)	Be a team player and being part of a team - enabled development of responsibility and self-leadership
John, Joel	“Well, I think that this would be obvious, that they know their subject. They know their subject, and they know to whom they are teaching that content to.” (John) “Don’t be afraid to give of your knowledge. Don’t be afraid to share and to give. Because if you have something to teach there are those of us who are willing to learn and especially if you have that ability.” (Joel)	Share your expert knowledge
Sally	“I felt pressured for time, time is precious while I was here. I wanted to do it as soon as possible” “I said if I am willing to give up my time, you give me your time. If your time is important, my time is important. If you want me here at nine, you be here at nine also.”	Be respectful of my time
Charles	“For professional working in the field the most important thing, as a client I can emphasize is that we are very much individuals. We don’t think alike; we don’t necessarily feel the same way about things.” “recognize there are vast individual differences.” “I was impressed, instructors are not just regurgitating the same script.”	Recognize we are all individuals, treat me like a person

Table 9 (continued)

Learners	Learners' Key Phrases—Examples	Key Factors—paraphrase
Bill	<p>“So the next time I saw her I said you were assuming I could hear you. Yes, you may be right. I may have heard you in that office, but believe me I cannot carry out mobility that easily. Or I cannot carry out the things I used to take for granted as just a blind person. Now I am dealing with increasing hard of hearing the reality of becoming, deaf-blind.”</p> <p>“my vision is constantly changing all the time.” (Juliet)</p>	Be sensitive to fluctuations in my vision and /or hearing
John, Bill, Charles, Jianna	<p>“She goes at the same pace as me. She doesn’t rush it.” (John)</p> <p>“She told me to take my time.” (Bill)</p> <p>“it feels clumsy and awkward.” Charles</p>	Be sensitive to my pace of learning
Charles	<p>“I was impressed, they tried to meet students where they are, and embrace them as individuals.”</p> <p>“No one size fits all because people are at different stages but there is also no single way to be deaf-blind.”</p>	Meet the student where they are.
Juliet	<p>“And most teachers are very understanding and they are willing to make any slight adjustment to make sure I can access communication.”</p>	make adjustments in the classroom to ensure communication access for the learner
Bill	<p>“That they are welcoming. That they are inclusive. Not to leave people out in the classroom. That they are enthusiastic, and that they want to be there. “</p>	Enjoy their job
Anthony	<p>“I think it should be on a professional level. Not really personal. I don’t think it should be a personal thing. Most d-bies [Anthony referred to deaf-blind individuals as d-bies] but I am speaking for myself, are here to be trained, are here to focus on the things they are teaching so I can empower myself.”</p>	Maintain boundaries
Jianna	<p>“The ones that I work with since I came here, I have good communications with them. If, but then if they possess the understanding of you as a db person. That makes for a good teamwork and relationship. If they are not going to understand you, it is not going to work”</p>	Deaf-blind friendly
Barbara	<p>“Because I never done it before. It was the first time I was experiencing it. It was really challenging.”</p> <p>“I like all kinds of challenges.”</p>	Challenge me
Juliet	<p>“I felt like they were treating me like a child.” “Come on, I’m older, these are things I have already been doing. So I think training should be different for me.”</p>	Recognize and value my life experience
Ken	<p>“When I tell people about my eyes I feel small. “ I don’t feel comfortable talking with people who are hearing. When I would talk to them they would make fun of me, because my voice sounded funny.”</p>	Recognize where I am on the journey and how past experiences have shaped my perceptions.

Table 9 (continued)

Learners	Learners' Key Phrases—Examples	Key Factors—paraphrase
Bill	“sometimes they would make a recommendation, as far as what I would need, but I felt like I was the one, I was in control, I would tell everyone.” “she launched into her expertise and she thought she knew it all. I felt tired.”	Share power with me
Sally	“And I had no sense that the things I wanted here were not important. And even at least I knew I was heard. People actually listened to me.” “ But I still feel that people need to be really listened to, they need to be heard. “	Be a good listener
Bill	Um, but I think also that they have plans in place. I have learned the value of good lesson planning. You can have awareness of that in place, but they are aware of the eventualities, should they be able to be there on a given occasion. A good instructor has sound back up plans if he doesn't work”	Prepared lesson, with a back-up plan, being flexible
Bill	“and check for understanding”	Check for understanding
Bill, John, Sally	“I was treated like an adult, asked for my input for decisions.” Bill “My instructor believed in me.” John “She treated me like a woman not a child “	Treat me like I capable, have high expectations of me.
Bill	“If they are working with a client and they know that their client has the ability to do it I think they should really encourage that client to keep going on. If they see that the client has that willingness to do his or her dream. Uh, maybe offer them the encouragement.”	Be encouraging
Eve	“if there were bumps in the road I feel we solved it together.”	Engage in collaborative problem solving
Sally	“Even in cooking he doesn't hover. Sometimes when somebody is working with a blind person it is like you can't touch anything unless their hands are right there. He wasn't like that.”	Don't hover over me while I am cooking in the kitchen
Barbara	Share anything, there are deaf-blind people who want to learn, especially ya' know the ones who have been sheltered and cocooned...and you think of yourself as the magician that you have the key to unlock another life.”	Don't be afraid to share other sides of yourself, establish a good relationship
John, Sally	“they always throw in a joke or two just to make sure it is lighthearted.” “We both joke around a lot.” “Stay a little bit loose.” “He was so much fun. And he taught me so much about the iPad. It was so much fun working with him.”	Use humor
Bill, Joel,	“agree on together... not what a cookie cutter mold. Are there risks that are taken in this, yes you do risk, maybe a client falling on their face a time or two?” (Bill) “sometimes you have to take risks. Not everything is in a box..” (Joel)	Be willing to take risks

Table 9 (continued)

Learners	Learners' Key Phrases—Examples	Key Factors—paraphrase
Jianna	"I like working with Teresa. She has a lot of wonderful ideas. She knows a lot about being deaf-blind."	Working with an instructor who is deaf-blind.
Joel	"It is about seeing, she was recognizing as an instructor as a teacher that my student is not getting from a to b. and I want to get him all the way to z. So what is keeping us from progressing? And so then she started recognizing."	Assess progress and investigate what might prevent progress; be open to finding alternative approaches
Jianna	"communicate directly with me."	Have proficiency in the preferred language of the learner
Josh	"What I like mostly is instructors have hands on approach, need to begin with a hands on approach."	Have a hands on approach

Disempowering practitioner qualities. There were several learners who identified instructor behaviors that depleted their energy, made them feel less confident in their own capabilities, made them shut down or become defensive, or feel being picked on or overwhelmed.

Well I learned, I felt that she was very, she launched into her expertise. She felt she know it all, it made me lose my confidence. She made me feel tired. (Bill)

I have had experiences with people not here, that would, and their idea of helping me was doing it for me. That is not the best approach; if you want to learn and grow you have to do some of the stuff yourself. (Sally)

I'm very open; I'm very dogmatic when I need to be. I, if I understand where you are coming from it is easier for me to take constructive criticism. If I feel you are talking down to me or I feel like you are ... me I pull back and I will shut down. I don't need to deal with this, bye." "Um, speak directly with me, not necessarily at me. There's a difference. Don't talk down to me. Um, you don't have to lecture me, I can understand concepts well and I think people will do better if they don't feel like they are being bawled out all the time. (Joel)

If it is done ... oh how do I describe this? If it is not overkill I'm fine with it. If it is a statement that is made explained and then dropped, I am fine with it. But if it goes on and on and on five minutes over the same territory and then someone else is brought into it then I am not longer fine with it. It

becomes overwhelming and then I start to, like I feel I am being picked on and I don't do well when I think I am being picked on. (Sally)

The above statements bring to light the importance of how instructors enacted their roles, whether they were allowing their professional expertise (the science) to be their only focus, and how important it is not to disregard the quality of the relationship and the manner in which they may have communicated with learners. Overall, learners emphasized the desire to be equal partners in the rehabilitation process. Examples of this included co-authorship of goals, having their life experiences respected and valued, and having instructors who bring their authentic selves into the learning and engage in collaborative problem solving.

Learners emphasized the importance of recognizing the diversity among learners who are deaf-blind, meeting them where they are and individualizing the services with respect to functional vision and hearing, preferred learning pace, emotional state, readiness for learning, and communication needs and accommodations to ensure access.

Strategies and Outcomes for Empowerment

In addition to the foundation of rapport and the establishment of a positive working relationship with practitioners, learners identified strategies and instructional outcomes that were incorporated, which enhanced self-empowerment. Among learners, these strategies and outcomes varied. The general strategies can be applied to each of the five core domains of learning and are described through the voices of the learners in Appendix M, Voiced Empowerment-based Learner Strategies. Appendix M identifies these strategies and the frequency they were expressed among learners. The learner strategies that were utilized that supported learning and a sense of self-empowerment included but were not limited to: use of sleep shades, providing self the time needed to orient tactually to the task and environment, taking deliberate time to practice new adaptive skills and tactual methods, self-authoring of goals, making optimal use of

residual vision and hearing, learning in a manner that matches one's learning style such as through observation, learning from experience, debriefing after an experiential lesson, hands-on learning, and self-discovery.

Overall, the findings revealed tools and strategies adopted by learners that aided learning of adaptive skills. These tools and strategies are further delineated in terms of those that are tangible, interactive, or attitudinal. An example of tangible tools was the use of sleep shades when learning tactile sign language, cooking techniques, or orientation and mobility skills.

I just started using the sleep shades for training. It's a little awkward. But I do think it can be helping me a little bit. It is different because I do rely on my vision for doing things. Now I have to rely more on touch and feel to be able to do these things. It is kind of giving me more of an awareness, more of an understanding of what it is like to not have to rely on my vision.
(Barbara)

Interactive strategies that strengthened learning included: slowing down and taking time to acclimate to the tactile modality, making optimal use of vision and/or hearing when performing a skill, engaging in peer dialogue to share experiences and perspectives, and learning from experience.

They would touch and do. That is better than just thinking about something abstractly. The person would be asking "what do you mean?" They may have never seen it before. Let the person learn by tactually exploring the object. For example, a kitchen timer that vibrates. Show the student, let them feel it, see it and work with it. If they are fully blind maybe never had the opportunity before. (Jianna)

We would discuss the goals. And then I would do it. And then we talk about it later. My instructor would say it does not matter how you do it, just do it and they took a step back. It was great, she took a backseat and helped me to figure it out on my own. (Barbara)

Attitudinal strategies or approaches included making a personal strong commitment to learning (adapting and adopting), appreciating one's unique perspective as a learner who is deaf-blind, giving time to focus on self to learn new skills,

exemplifying self-leadership by authoring goals, and holding oneself accountable for follow-through.

These strategies are tied loosely to the outcome of self-empowerment. The desired outcome of learning under investigation, namely, empowerment is tied to adaptive skill acquisition (first-order learning). Successful skill learning results in confidence, independence, and having a strong sense of being prepared for the future. Becoming self-reliant and having options on how to navigate daily life contributed to learners' self-empowerment (second-order learning).

In addition, the learners reported a variety of learning styles. When specifically discussing the learning of functional skills in the five core domains of communications, adaptive technology, independent living, orientation and mobility, and employment, it was reported that learning occurred through step-by-step structured instruction, through observation, self-discovery, hand-under-hand demonstration, being present and letting others take the wheel, and learning by mistakes. For some learners, having a complete explanation about something whereby the learner had no prior experience was anxiety-reducing and supportive of their learning process. The diversity of learning styles reported by learners was indicative of how learning opportunities were individualized according to the preferences of the learner. One of the learners, John, reported his preference to have a complete, detailed explanation about something that was new, and he had no prior reference point, such as using communication cards to solicit assistance for street crossing. Barbara, on the other hand, who preferred to "just do it," was motivated by the sheer challenge of crossing 50 street intersections in Manhattan on her own with the knowledge that, though her instructor may be observing, he or she would wait until the end of her lesson to meet up with her and debrief about the experience.

Adult learners who are deaf-blind benefited from specific content to support the acquisition of adaptive skills. The instructional curriculum represented the body of knowledge that guides the individualized learning. It was a reference for learning options

and outcomes and specialized instructional approaches. The learning content was an important element of empowering practice. A curriculum is adapted to the individual learner, taking into consideration their experiences, strengths, talents, preferences, aspirations, and abilities. By examining the content of the five core areas—Independent Living, Orientation and Mobility, Communication, Adaptive Technology, and Employment Training—commonly addressed in adult rehabilitation, the learners provided a glimpse at the domain-specific skills and outcomes that were regarded positively and contributed to their self-empowerment. The learners provided specific content: skills they acquired and employed that are unique to individuals with combined vision and hearing loss. Their descriptions were often focused on the “what” of learning. This could be attributed to the learners’ focus on doing or conquering a goal to gain, or re-gain, their independence rather than on the nuances of a technique or instructional strategy. The findings provided only limited detail to practitioners regarding the specific techniques. For example, learners did not specify techniques on how to cross streets, determine if meat is well done, apply make-up, or fold clothing; however, the findings revealed a deeper insight into how the learners perceived the learning experience. Learners’ reflections revealed the affective aspect of the encounter. Additionally, one area that was given supreme attention by learners during the interviews was the instructional content when adapting to tactual communication. Strategies for learning tactile sign and touch signals were described by learners in more detail than other areas. Each of the five core areas—independent living, communications skills, orientation and mobility skills, adaptive technology skills, and employment skills—will be addressed.

Independent Living

The apartment experience was a training option offered at the site of the study where learners applied skills of independent living in a real-life setting. A learner may opt to live in an apartment in the community for a three- to six-month period. For

Tammy, this experience was pivotal toward gaining an enhanced sense of independence and for building her self-confidence. Tammy reported that she was able to master skills to maintain a household, utilize safe and tactual techniques for meal preparation, perform household cleaning, manage finances, and engage in problem solving. A sense of self-empowerment was reported by 28% of the learners as a result of newly gained skills in independent living and a changed perception of increased self-efficacy. Learners reported that part of the process involved overcoming the self or other-imposed barriers that were an outgrowth of parental limits or low expectations. The opportunity for Tammy to engage in learning through the experience of living and maintaining her own apartment gave her the basis for acknowledgment and evidence of her own capabilities. Tammy described a shift respective of how she envisioned her future. “Powering through” a challenge resulted in a shift in self-concept. She viewed herself as competent and no longer needed to rely on her parents or other family members. The opportunity to prove to oneself and others through experience was liberating.

I felt like I wasn’t really ready to live on my own, to live in an apartment and do all these things. Now I feel I have the motivation, I have the skills, I have the ability to do this and go to college. I’m going to have to live on my own. I don’t want anyone taking care of me. I want to be independent. (Tammy)

Learners described the experience of trying out new ways of doing things. The newly acquired adaptive skills offered a practical solution for accomplishing everyday tasks with a loss of vision and hearing. Learners reported that these skills and tactile methods needed to be physically and affectively “felt” more than conceptualized in order to be understood. Having no frame of reference for a myriad of techniques and skills, such as braille, tactual sign, and tactual cooking and cleaning, learners reported how they valued the actual experience. Living in the apartment in the community offered feedback in real time and provided the opportunity to learners. It was an experience of trial and error and daily adjustment to their new tactual orientation. The refinement of tactual

discrimination and adopting a tactual modality was accomplished by doing. Given multiple opportunities through real-life experiences, learners progressed from a place of apprehension and awkwardness to a place of competency and confidence when carrying out tasks and problem solving situations. Beyond awareness and knowledge was performance. Performance was improved through experience.

I think I will be more organized as a homemaker. I had skills in a sense, but I didn't know how to practically use them. There are skills I learned here, that will make things easier. (Eve)

The experience provided a means to self-assess and identify the skills one had a desire to learn and also identify those that could be accomplished in other ways. Learners reported a realization that it is not required to do everything yourself in order to maintain a home. It is a choice to request assistance with certain chores like cleaning an oven, and that it is perfectly acceptable. Learners gained confidence to make their own decisions regarding when to request assistance and not continue to do things in order to measure up or meet the expectations of others. Letting go of this ideal to overcompensate was reported as stress-reducing. The sense of empowerment was experienced through the quality of self-determination that was more "open and permeable to change."

No I don't feel it's safe. I don't clean ovens. Anyway, so but one of the things I walked away with is I've always felt that if I couldn't do everything by myself. There was something wrong with me. And now I don't think there is anything wrong with me. No one is completely and totally capable of doing everything for themselves. REALLY doesn't matter how I get it accomplished as long as I get it accomplished. Beside if there is something I can't do well enough at home. For example, I am not very good at dusting. The come hell or high water I'll have someone come in and help me do dusting and I don't care who likes it or not. (Sally)

Communication Skills

Nowhere was it more poignant and apparent how self-empowerment requires fortitude and perseverance than when examining the acquisition of alternative communication skills. Arriving at this threshold required an intensity of endurance,

humor, humility, and getting outside one's comfort zone. For some learners, gaining alternative communication skills and the feeling that one is prepared for the future for learners experiencing an impending vision loss was an important empowering step during the rehabilitative process. For other learners, the need for a reliable communication method was critical and was required in the present moment. There was a wide spectrum of learners' experiences whereby adapting to a new method such as incorporating tactual sign language could be paced and incrementally acquired. For one learner, Ed, the sudden loss in his vision and hearing made learning tactual sign language and braille a dire and difficult process. Ed relied on print-on-palm or print-on-back as the initial method to receive communication and instruction; however, this was reportedly replaced with tactile sign and braille.

The end result of incorporating a new strategy, technique, or skill among learners had an impacting effect on being; for Ed, it was a lifeline to the outside world. Other learners described becoming more confident, having less worry about missing important pieces of conversation. More importantly, the quality of the interaction with others had changed whereby learners no longer avoided social situations and they had the means to become an equal partner in the conversation. Without the confidence and ability to communicate effectively, there was a clear disadvantage to having partial or incorrect information. The distortions and misinterpretations during an interaction became less problematic. Learners reported that having full access to the learning process and removing barriers to carrying out dialogue with others were important steps in gaining a sense of self-empowerment. Appendix N, Learners' Voiced Expressions of Gaining Adaptive Communication Skills, identifies elements of the learners' experiences that were significant pertaining to the development of communication skills.

Learners reported increased confidence with having a backup or alternative system of communication in environments that presented challenges, such as those with poor lighting or excessive background noise. Learners were empowered when they had

options. Different environments presented less than optimal conditions, and having a back-up system meant having the ability to have more control over the learning situation.

The learning of adaptive communication skills required learners to move out of their comfort zone. The close proximity of seating when using tactual sign or the need to incorporate facial expressions for learners who were blind are two examples. Learners who were gaining skills in tactile sign commented on how the ease of communicating with different communication partners varied due to hand size, speed, and style of signing of their communication partner. Skills in tactual sign progressed with practice and during naturally occurring interactions in the learning and social environment with a variety of communication partners.

The instructional strategies identified by learners when learning tactual sign language were not unlike other domains. Learners commented on how important it is to take time needed to practice to develop touch memory and touch association. Sleep shades were helpful in allowing a concentration and focus on the tactile modality. The notable findings included the comments that described the effort required to pay close attention to the various tactile handshapes, movements, and positioning when learning tactile sign language. Learners who were blind reported a movement out of their comfort zone when incorporating the aspect of using facial expressions while learning American Sign Language. Learners also discussed the value of practicing tactual sign language with a variety of hands. Having exposure to a variety of size hands and different styles of signing helped elevate their skills and confidence.

The instructional content for learning adaptive and alternative communication skills was varied and included: braille, visual and tactual sign language, use of communication cards with the non-signing public, and touch signals (Haptics). Learners disclosed that the empowering aspect of learning an alternative method of communication was knowing they now had a backup system that was reliable and could be used at their discretion.

The key for many of the participants was having the ability to gain access, knowing what their communication needs were, and being able to describe those communication preferences to others. Having this self-knowledge and a plan was empowering. Having the ability to self-advocate and influence their environment to improve accessibility was empowering. It was notable that some learners expressed a new perspective regarding their role, and responsibility for ensuring a successful communication exchange meant not only gaining access but included making sure their communication partner's message was understood. In the past, learners reported that they may have nodded in agreement rather than interrupt their communication partner and request that they repeat the message. Self-empowerment was experienced when learners spoke up with self-regard on their own behalf. Learners reported that they were empowered when they claimed an active role in the communication exchange. Appendix N identifies the reported impact on learners of gaining skills in communication.

Learning braille skills as an alternative method to access text was common among 61% of learners. Four learners were already proficient in braille upon entering the program, as this was their main modality for literacy since the primary grades. The learners described some of the instructional strategies for learning braille that were helpful: (a) consider ergonomics when teaching braille; (b) use of touch cues when teaching braille; (c) incorporate use of sleep shades to increase focus on tactual; (d) engage learner to use proper tracking skills when learning braille; and (e) provide opportunities for practice and memorization. In summary, the content of instruction and the instructional strategies that resulted in a sense of empowerment when learning adaptive or alternative methods of communication reported by learners included:

- (a) practicing sign with a variety of people in a variety of settings
- (b) using haptics in functional settings; learning about what was going on in the immediate environment through haptics while simultaneously focusing on a sign conversation

- (c) learning ASL, a visual language, including learning how to incorporate facial expressions and body language
- (d) stretching by learning a new skill, i.e., learning to be outside of comfort zone and working through it during a functional interaction
- (e) learning to sign in different situations, such as when walking with a peer
- (f) learning to adjust the signing distance to accommodate the person's loss in peripheral vision
- (g) learning alternative methods of communication in order to have options and a back-up system should a particular environment present barriers to access communication
- (h) giving time to developing touch memory, touch association
- (i) advocating for optimal accessibility needs to be met, learning how to explain communication preferences to others
- (j) learning adaptive and alternative communication methods to relieve stress
- (k) learning adaptive communication methods, which improved the quality of the interaction and allowed fuller participation with people
- (l) having exposure to a variety of hands when learning tactual sign language
- (m) learning how to use communication cards to communicate with the non-signing public

Communication skills training was central and integral to a learner's success in all other domains. Without communication, other learning was impeded. Communication dictated the level and quality of engagement by learners, comfort, ease in environment, self-confidence, and relationship building. It is therefore a cornerstone of the empowerment model among adult learners who are deaf-blind.

Orientation and Mobility Skills

The participants identified a range of functional orientation and mobility skills that were addressed during training that enabled the individual to gain independence and the skills to travel safely with confidence.

I expect them to show me everything I need to know in that department. So in Mobility I expect my instructors to show me any tips, strategies, ideas, anything that I need to know so that I can gain knowledge from that for myself. (Bill)

Appendix O provides examples of the types of strategies and outcomes reported by learners and the frequency they were reported. The instructional content identified by learners was varied and was not intended to be comprehensive, but including an account of the core skills identified can assist practitioners to recognize the individualized and common valued experiences of learners in the domain of orientation and mobility. The instructional content included: gaining skills in cane techniques to detect stairs, curbs, shorelines, and navigating in evening when it is dark, using communication cards to solicit assistance with street crossings, learning to plan out the travel, using public transportation, gaining skills to navigate safely in simple to complex environments, detecting direction of traffic using residual hearing, regulating pace and proper arc of the cane, and using the cane as a means of identification.

Allie described how freeing it was for her to be able to meet her friends at a halfway point rather than rely on them for door-to-door transportation. She described the significance of becoming an independent traveler and how it impacted her social relationships. “Halfway” connoted shared power in the relationship. Tammy shared, “I am motivated to be in the real world, I want to get out there!”

Having the option to utilize tools such as communication cards was described by learners as an unexpected strategy that fostered their independence while traveling in the community.

How? Well I learned street crossings with Tom with a crossing card, that I would hold it up and the crossing cards lets someone know I need help

crossing the street... I was amazed ... that someone came up with something like that. At first time I said this is not going to work for me. But when I went out there and I was wrong. It did help. It blew my mind away. Laughter... I said, "Who came up with this?" And Tom said Mary did... I felt free. (John)

Yeah ... when I go out on mobility—like when there is a big gap between two buildings, I will go through that gap. I will stay on the sidewalk. Sometimes I do. I go between the two buildings. I feel amazed that I did it. (John)

It was not surprising to learn that having the ability to move freely and safely in one's environment, whether on campus or in the community, was essential and liberating to the learners. Re-gaining a sense of freedom, and having to depend less on others to engage in the community, was a vital part of a sense of self-empowerment. Seventeen percent of the learners (17%) reported greater comfort and confidence using the cane and no longer resisted the idea.

Adaptive Technology Skills

She provided very clear directions. She only deals with keystrokes. And she thinks like a blind person. Which I find awesome. She would do it like this with the mouse, but I have to figure it out. She does keystrokes. And I needed to learn from someone who uses keystrokes all the time. (Sally)

I wish there were more pieces of technology. I just need to know what are the latest technological advances that have been made. I wish, how I say it, I think that it is important to show of the newest and latest technology and not wait until the end. (Linda)

The curriculum content as identified by learners in the core area of adaptive technology included learning: email, screen reader software, and mainstream software programs such as Windows, Outlook, Word, and Excel. Learners gained skills to use a variety of adaptive equipment, including braille display, magnification software, learning keystrokes in lieu of mouse, and IOS devices incorporating a braille display.

Technology leveled the playing field for deaf-blind learners by providing tools for communication access and for obtaining information, connecting with others, and increasing job readiness. Irrespective of age, learners favored their learning in adaptive

technology, though the learning was more challenging to some. The empowering strategies utilized by practitioners when providing instruction in adaptive technology skills that were referred to by learners included having prepared lessons, providing step-by-step instruction and reference materials, and having ample opportunity to practice new skills, learning shortcut keys in lieu of the mouse, and being introduced to an array of equipment. The data revealed common themes respective of adaptive skill acquisition in the domain of technology. Learners reported, as a result of gaining skills in adaptive technology, increased opportunities to access information community resources, connect with others through distance communication, and develop increased marketable skills for employment.

Scant insights were revealed regarding the core area of adaptive technology, although it was commonly revered by learners and identified as a reason for entering the vocational rehabilitation program. One particular insight was revealed through Eve during her interview. Eve was a senior, and she commented on how the instructors held assumptions about her learning of technology due to her age:

And so I decided computer skills is what I needed and I advocated for myself. Because some people said maybe I didn't need it. But I was actually able to learn very quickly. And I said like before, this is something that is very important to me and I love what I learned. (Eve)

Employment

Employment is the revered outcome for many individuals entering the vocational rehabilitation program—the participants and their sponsors. The state vocational rehabilitation programs anticipate a vocational outcome, and this was the underlying premise given the opportunity to participate in the program. The vocational goal was the centerpiece of the training experience, and all domains of learning were integrated to support the employment goal. The integral learning and functional application of skills

was prominently demonstrated at the workplace. It was the learning vortex: bringing together all disciplines within a single focused and formative goal.

The specific instructional content varied according to the learner and the type of job they were preparing for. Appendix P, Employment Skills Training, provides direct statements made by the learners about their employment training experiences. Learners reported that participating in a variety of community-based work experiences was the most common approach to learning. The job skills were addressed within the functional domain of the worksite. The type of job often dictated the approach to instruction. Some of the strategies identified by learners included: tactual demonstration, hand under hand, verbal or signed step-by-step instruction, and immersion into the customer-rich, interactive environment. Individuals discussed the benefit of an environmental assessment to identify ways to optimize making the working environment accessible. Problem solving with the support of a job coach and developing systems for organization on the job were also beneficial.

Barbara described debriefing with the instructor after the work experience as critical to her ability to self-assess her progress. In addition, she stressed the importance of how the debriefing provided her with an opportunity to share feedback to address the instructor's approach to supporting her on the job. There was a reciprocal value to feedback to assess the working partnership, identify new strategies, and gain meaning from experience, as well as clarify miscommunications or misperceptions. Appendix P provides direct statements made by learners that are relevant to employment training and self-empowerment. The frequency of the specific shared perspective among learners is also indicated. Some learners reported a beginning of career exploration that was eye-opening. They were uncertain about what types of jobs a deaf-blind person could pursue. Some had in the recent past resigned from long-held positions because, given their change in visual and or auditory functioning, they felt they were no longer able to carry out job responsibilities (Joey, Keith, Linda). The prior experience among these learners

of resigning or being let go was shattering to their self-esteem. None of the three learners had yet acquired a comfort level in requesting accommodations on the job. Learners reported that their change in vision and or hearing created real challenges with communication and interactions on the job.

The community-based work experience provided learners with an opportunity to use adaptive communication aids and devices and/or apply newly learned alternative communication methods, orientation and mobility skills, or adaptive technology skills on the job, reinforcing their confidence regarding their abilities.

An important aspect of vocational training worth examining was the change in perceptions regarding self-expectations and whether these were revised as a result of the training experiences. It is not uncommon for society in general to equate worth with what one does for a living. It is also not uncommon for family members, employers, and others, including individuals with disabilities, to have lower expectations regarding career options. As already stated, employment was the desired goal for the majority of learners in the study. A small number of the participants (11%) were focused on college as a next step or were near to retirement (5%).

Conclusions. Overall functional adaptive skill acquisition among learners was the natural outcome of learning from experience in a variety of life domains. The instructional content was comprised of the learning of functional skills that were integrated during everyday living experiences. Whether the learning environment was the community, the home environment, or an employment or social setting, learners integrated their adaptive skills and techniques as they naturally were required in these real-life settings.

The interactive opportunities that were present during the experiences with instructors and peers were also significant to the learners' outcomes and making meaning during their experiences. The backdrop of life called into action the use of the adaptive skills and opportunities to self-discover what worked and made sense for the individual.

The result of learning from experience was an expression of self-determination in how to navigate life as a deaf-blind person in varied life domains. These results were best accomplished during moments of doing, whereby the learner had an opportunity to apply learning with rich and realistic content that included the surprises and unpredictability of life in motion. Trying on the new adaptive skills for size to determine how well they fit, when they were needed, the optimal way to execute learning, how to self-assess and measure progress was part of the process. Central to the experiences of learners participating in the vocational rehabilitation program were: skill building, trying it out, reflection, debrief or action review, experience in broader environments with variations, drawing inferences, recalibrating, and trying it out again.

This is a life for us. Ya' not going to learn it in a book. It's something that is going to stay with us, we never stop being blind. We never stop being deaf. This is teaching for life as opposed to teaching for degree. (Joel)

Empowerment Drivers (EDs)

The final finding of the study identified motivating forces or Empowerment Drivers (EDs) within and among learners that contributed to their movement toward self-empowerment. A description of the Empowerment Drivers (EDs)—changes in beliefs/thinking, changes in knowledge, changes in doing/behavior, and changes in being/attitude—is provided along with meaningful examples, including its manifestation as whole person learning, and changes that impacted the social, cultural, physical, affective, personal, practical economic, and political domains of the learners' daily life.

Change in Beliefs/Thinking

The change in thinking was evidenced by one learner when she acknowledged that she has the ability to accomplish what it is that she has set out to accomplish and this will soon be acknowledged by others. Common among learners was their admission that what

prevented them from adopting new ways of doing things like using a white cane when traveling in the community was due to their own self-imposed barrier, namely, a manner of thinking whereby they were concerned what others might think. As self-empowered thinking emerged, learners expressed no longer having this concern. This opened the door to new learning experiences of adaptive skills and strategies leading to independence and greater participation in life. This, then, promoted the eradication of self-limiting beliefs in the form of “I can’t” and replaced them with beliefs of “I can.”

Learners re-assessed their sense of self, their core identity, deciding that they were not defined by their disability. On the same side of this coin was an insight that their self-agreement with their deaf-blind identity seemed to strengthen their self-regard and pride. Charles expressed his experience as living a life as a perpetual sideliners and that striving to get in closer, to belong to the dominant center, was a lifelong task. His new thinking and realization was that being on the periphery as a deaf-blind person might indeed be a position of unique strength due to his unique perspective. Several learners described a belief that they can now trust themselves, and trust their true intuitive belief that they no longer needed to excel at everything, that we are all interdependent and they no longer needed to be apologetic for who they are. There was a recognition that each person possesses both strengths and challenges and there was no shame at being different, and no need to continue to blame self. The empowered action was choosing self-empowering beliefs aimed at setting their own bar, a higher standard and a vision of a purposeful and valued destiny.

The critical change was a belief in self founded on the self-realization that one has the talents, abilities, and capacity to succeed. The self-evidence came about through learning from experience. Each person’s self-efficacy was impacted by their own demonstrated success. To see it, to witness it in others was to believe it, and to experience it for oneself was to strengthen that belief. Learners engaged in a process of self-re-evaluation by stepping back and taking stock. The process of re-evaluating self was

reported in a number of areas, including current abilities, needs, strengths, desires, and goals. This step had qualities of self-determination and self-deliberated choice-making. It was a letting go of self-defeating beliefs, as learners assigned a new standard and a new lane to travel in.

I have developed some strategies, fingerspelling, communication cards, uh, technology will be the way I will be able to access the community. And be successful at it. (Bill)

A change in thinking was fueled by increased awareness and knowledge. The knowledge can be a result of participation in the rehabilitation training process. New knowledge represents new resources, new understandings, and new acquaintances.

The acquisition of new knowledge is also a driving force to empowerment. Knowledge was identified as a source of power. The learners expressed areas of knowledge that commonly contributed to their self-empowerment, and many of these were shared among learners. Knowledge of adaptive skills in core life areas was key and included communication, adaptive technology, mobility, independent living, and vocational skills.

Change in Knowledge

Self-awareness was the self-knowledge that propelled learners toward the experience of letting go of limiting thinking and expanding thinking with power. Acknowledging an increase in knowledge was empowering. Knowledge of options and opportunities heightened self-esteem and propelled self-action. Knowledge content was elevated in core curriculum areas, but beyond this type of knowledge was self-knowledge. Deep knowing was reportedly expressed by learners as “life is what you make it,” and without action knowledge remained dormant.

The instructional curriculum or learner content had relevance and importance to the learners’ opportunity to gain specific knowledge, skills, and strategies; however, it was more significant when integrated with life experiences. Learners reported how

individualization of the curriculum based on their experiences, strengths, desires, and abilities promoted achievement of successful outcomes.

Barbara reported that she authored goals and decided on training activities with her team. The changes in knowledge experienced by learners enabled them to take action, make informed choices, self-advocate, and support the learning of peers.

So just for me , learning the advocacy part, telling someone ya' know I can't read your handwriting ... I need bold print, just understanding how to advocate really helped. (Barbara)

Change in Being/Attitude

“Empowerment leads to different attitudinal and response sets” (Power, 2006, p. 21). The above-mentioned self-empowering beliefs and knowledge, when examined from a holistic approach, go hand-in-hand with a change in attitude and are representative of a way of being. The belief or a way of thinking appeared to translate and become further developed and operative to a way of being. This attitude in formation was described by one learner as a way of being more confident about what they needed, about being more comfortable in their own skin, and about being an active participant in their own life. Through their new way of being, learners were able to let go of previously held habits of mind and recognize that, by changing their attitude, they were now able to change their reality. This further translated to a new self-motivation and self-accountability, which, when coupled, brought about powerful desirable results. Being and actuality are one and the same, and this threshold of change connotes a change in desire toward greater actuality of self or self-actualization. The natural tendency for default into a passive and helpless attitude was replaced by an optimistic perspective and the empowered action of self-advocacy. A change in being a self-advocate was expressed by learners. Joel expressed,

I changed plenty, I think the attitude, because in order to have a skill and develop a new skill you have to have the attitude. I have to have the attitude, as a possibility for breakthrough in the world, in this challenge of hearing

loss. And so when I came in I am not really sure. How I am going to, I thought I would be accomplishing something, but I didn't think I would change as much as what has happened.

And it is the attitude about myself. I am worth it. I am worth the investment from other people. You see that whole thing. (Joel)

The changing attitude has been described by learners as becoming an active agent in defining their future and taking steps to reach their goals. The operational result of a changing attitude was translated to a perspective that fueled action.

Change in Doing/Behavior

The changes in thinking, being, and knowing were fundamental drivers to fuel self-empowered action. The actions executed on a daily basis were the sparks that ignited all cylinders at full throttle toward self-empowerment. With each successful self-deliberation of action, there was a noticeable incremental enhancement of self-empowerment. It was a self-propelling dynamic. The more cycles (actions), the more self-empowerment generation. The re-framing was a result whereby self-initiated action replaced inaction or complacency, self-competency replaced helplessness, and “movement” replaced feeling stuck or the inability to move forward. The process strikingly was often discussed in terms of movement in a metaphorical sense and can be depicted as a spiral movement moving up and out with each continuous cycle.

No, it is not easy. But you still have to get out there. While I was at the training program, I developed this motto that I keep on my email. *And one step at a time, accept, adapt and move on*, and it is not something that happens out of habit. It is something that you have to force yourself to do. (Linda)

I feel great about myself, and I have self-esteem. I have empowered myself. I felt all this confidence for myself; *I have moved on; I have advanced myself*. My energy level. I lost 40 pounds. I am happier than I have ever been and I see what I need to do. I did a self-assessment for myself. (Allie)

The change in doing involved performing daily tasks and activities independently and competently. Tammy described how the comprehensive rehabilitation training

program enabled her to gain the adaptive skills and experiences she needed so that she could conduct these areas of her life independently: “I feel that empowered in a sense to say I learned it, and this is going to provide me with freedom.”

Learner-centric training that takes into consideration the learners’ daily fluctuations in vision, changes in moods, individualized learning style and pace for learning, level of awkwardness in learning adaptive communication methods or other tactual methods for daily life, and an empathy for the everyday challenges was found to be significant to learners during their participation in their vocational rehabilitation experience. The journey to empowerment was unique for each individual, yet the findings supported that there are key elements, practices, strategies, and drivers that promoted learners’ self-advancement to the space whereby beliefs, attitudes, knowledge, and behaviors were transformed. Chapter VI will discuss the emergent findings indicative of possible transformative learning among learners and their distinctive pathways to empowerment. The learners’ awareness, perception, and declaration of changes in life domains varied, but each carried meaning to the learner on their pathway to self-empowerment. The felt, sensed, acknowledged, and embodied changes reported among learners could lead to further investigation of how these changes may be indicative of changes in epistemic, psychological, and socio-linguistic meaning perspectives among learners. Appendix Q, Changing and Re-Framing as Reported by Learners—Empowerment Drivers, provides examples of the types of changes reported by learners and provides the reader with a glimpse of those changes. The researcher created a model to illustrate the interactive variables of this process whereby learners identified specific instances of change in belief, attitude, knowledge, and behavior. Figure 5 is a model depicting the interactive variables contributing to the process of self-empowerment expressed by learners. The changes occurred in varied life domains.

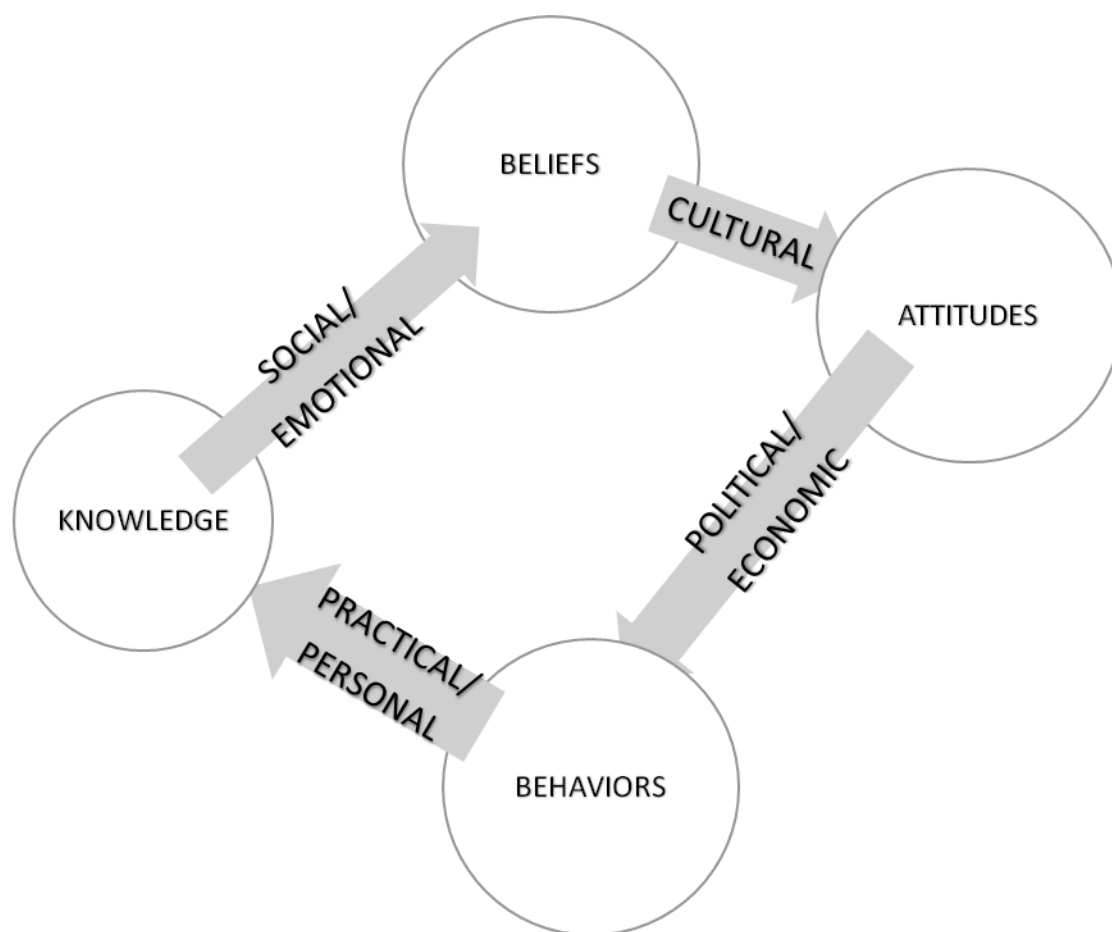


Figure 5. The Interactive Variables of Self-Empowerment

Appendix Q, Changing and Re-Framing as Reported by Learners—Empowerment Drivers, provides a summary of the changing or re-framing reported by the learners in varied life domains. The changes in beliefs, attitudes, behaviors, and knowledge can be linked to transformational learning. Self-empowerment was often reported among learners where these types of changes were present. Appendix Q identifies the Empowerment Drivers (EDs) and the frequency of these among the 18 learners participating in the study within the respective life domains (social, cultural, emotional, personal/practical and economic/political, spiritual). The empowerment drivers can be conceptualized as the “personal power source.” The power source is the volition,

strengthened desire, perseverance, motivation, and strengthened sense of self among learners that drives the learner toward empowerment.

In the social domain, learners reported a change in perspective in beliefs and thinking (self-confidence, confidence in others to adapt, reciprocity in relationships) whereby reliance was shared by self and others and interdependence was present. There was a sense of self-power among learners as they perceived themselves as agents of change. Learners reported a change in attitude within the social domain as they gained ownership of decisions and adopted a “take charge” attitude. The learners reported letting go of self-limitations while experiencing a growing sense of self-esteem. Their change in identity provided a new lens to view their disability from a perspective of strength. Learners chose no longer to hide their disability. One learner, Allie, referred to it as no longer “BSing” herself or others.

I have courage and confidence, I am no longer hiding from self and others.... I care more about peace of mind than pleasing others. I no longer care what other people think. I have a desire to land in a place where confidence overrides social inadequacies; I am re-defining my strengths and limitations. (Charles)

The process of self-empowerment was fortified by learners taking action. Relationships were re-defined, or those that were enabling were terminated or modified. Interacting with peers, experimenting with peers, discovering comfort together in the process, sharing learning with others, exchanging experiences and perspectives, finding a common ground, and engaging in collaborative dialogue aided in the journey. With additional knowledge and resources, learners gained greater self-awareness of the specific accommodations they would find helpful and expressed a stronger conviction toward making use of them.

In the cultural domain, there were reports by learners of a change that may be representative of a change in socio-linguistic meaning perspectives. These were evidenced by learners Charles, Jianna, Sally, Alice, Joel, and Anthony. Each of these

learners reported making a deliberate choice to view their disability differently and would no longer adhere to the familial view of limited expectations and dependency on others. Learners questioned prior assumptions and beliefs that were shaped through their prior experiences and critically reflected on these assumptions. They reported discarding them, choosing a different path of self-acceptance.

Within the personal/practical domain, self-identity as a deaf-blind person was a game changer.

I feel comfortable in my own skin. (Joel)

I have a positive outlook and a vision of a happy life. (Alice)

I have a unique perspective. (Charles)

The unique perspective permitted learners to make their own rules and see that living on the margins does not necessarily mean living a limiting life.

Changes were reported within the political and economic domains. Their self-belief of what was possible and elevation of self-expectations to achieve their own definition of success opened the door to an empowered, self-sufficient life. For example, Jianna reported the desire to learn financial management skills, while earning a paycheck was described by Keith as empowering.

Chapter VI

EMERGENT FINDINGS

This study revealed emergent findings that are worthy of attention and are preliminary, yet provide a deeper meaning to the study's overall findings. The chapter will address three emergent findings, namely: Teaching and Learning for Empowerment: Transformative Potential and Its Catalysts; Six Pathways to Empowerment; and the 7Ps of Empowerment-based Practice.

The Teaching and Learning for Empowerment: Transformative Potential and its Catalysts

Teaching and learning for empowerment has transformative potential. The learners reported changes in a variety of life domains, and the researcher was interested in investigating whether these could possibly be indicative of transformative learning experiences. The learners reported how they experienced a transformed perspective on their view of the predicament of having a disability. For some, it involved a sea change in terms of letting go—letting go of the fears, the doubts, and the disbeliefs about self. The notion of having limitations was transformed to the acknowledgment of a unique response to how one adapts to life.

How I looked at myself ... my expectations ... created a vision of my life, about being married, having a family, and how I would be successful and how I could share with my family what deaf-blindness is all about. I could share that and make changes and explain my needs for my vision and my hearing loss. Because mostly I was afraid about my future, I was afraid

not knowing what was going to happen to me. Because mostly my family teaches me one thing, like for example one thing. And I would feel that is not adequate, I needed to learn things like how do I pay bills, keep house, do food shopping, that is what I expected. (Jianna)

Changing and Re-framing

Transformational learning has been described as a process of perspective transformation through critical reflection on prior assumptions and a re-framing of meaning schemes based on new and revised interpretations or understandings. In Mezirow's (1990) words, transformational learning engages learners in a process of "reformulating their assumptions to permit a more inclusive, discriminating, permeable and integrative perspective; and of making decisions or otherwise acting upon these new understandings" (p. 14).

Indicative of transformative learning were factors among adult learners who are deaf-blind common to those identified in the literature, including a triggering event or disorienting dilemma (a change in vision and hearing and one's ability to carry out everyday activities), increased self-awareness (gaining self-knowledge about what strategies for learning work for them), a questioning of assumptions (questioning familial and cultural predispositions to how they want to define their disability), whole person learning including the cognitive, affective, cultural, social, and relational self, and pronouncement of a new self-identity.

In an attempt to unearth evidence of transformative learning potential among the learners, the researcher sifted through the data and identified distinctive experiences that paralleled transformational learning as it is depicted in Mezirow's (1991b) 11-step model. Appendix R, Distinctive Experiences that Parallel Transformational Learning, identifies 13 distinctive experiences of learners, which parallel Mezirow's 11-step model of transformational learning. Appendix R presents direct statements made by learners associated with the 11 steps. The elements of transformational learning that were most commonly expressed among the learners included a questioning of previously held

assumptions and modifying beliefs, challenging the status quo, developing a new frame of reference with respect to self-expectations, and recognition that one's discontent and process of transformation are shared with others. These dimensions of transformative learning seemed to be interrelated. The degree or depth and the context (where and when) these changes were reported were unique to each person, and the researcher recognized the provisional nature of these expressed elements among learners. The basic association using the 11-step model warrants caution in drawing any conclusions about whether transformative learning did in fact take place among learners.

Nevertheless, it can be noted that 61% of the learners described an amplification of feeling marginalized when they experienced the loss in their vision and/or hearing. Learners reported that having to contend as a person who is deaf and blind in the dominant hearing-sighted society resulted in re-examination of the most basic and taken-for-granted assumptions previously held. For some learners, this was associated with concerns about what others may think and a loss of self-worth. The learners were compelled to re-assess their goals and aspirations, which called into question many of their previous assumptions about their life, including their relationships and their future goals. The experience of losing vision and/or hearing was likened to a disorienting dilemma: the rug was pulled from underneath, the ground was shaky, and the changes in everyday realities pivoted thoughts and emotions and impacted the learners' self-beliefs, confidence, and self-efficacy. The emotional state for many was one of grief and mourning, such an extreme that two learners reported at one time contemplating ending their life. Mezirow (1991b) describes this period in which learners experience a loss of purpose and self-esteem. The losses were extensive and impacted a person's ability to function in everyday life. A learner's habitual ways of being in the world were altered. As Linda reported, there was provocation from within to "adapt, adopt, and move on."

The learning offered at the vocational rehabilitation program opened up alternative ways to reframe the situation by "acquiring knowledge and skills to implement one's

plan” (Mezirow, 1991b, p. 169). Learners reported the process of critically assessing their beliefs, exploring options for new roles, relationships, and actions. For some, the actions were fueled by the acquisition of skills, knowledge, and resources. In addition, learners made connections and engaged with the community, whereby differences were celebrated, and the learner’s discontent and disenfranchised worldview, which at one point were overwhelming and considered hopeless, were re-assessed, re-envisioned, and revised. The new interpretations and meaning derived were built on new perspectives of self-reliance, determination, acceptance, and self-empowerment. Not all learners expressed engagement in this process of perspective transformation. For example, Keith was unable to re-assess his position and maintained an emotional state that prevented him from seeing possibilities for change. He lacked the motivation to pursue his goals and relationships with others. Ed’s energy and determination were all caught up in gaining survival skills. His process was very much tied to the present, with little evidence of critical reflection.

However, some learners described a reintegration into their life on the basis of conditions dictated by a new perspective. The new perspectives were commonly expressed in new ways of responding to everyday life and was inclusive of new ways of being, thinking, and doing. The learners commonly expressed the impermanence of disempowerment, which was replaced by self-empowerment, which was generated through a myriad of learning experiences, strategies, relationships, and social interactions.

The experience of power consciousness grew among learners. The “sense of who I am” that was evidenced by the learners strengthened self-awareness and change in self-beliefs, encompassing at times a new found identity. Learners described a growing self-confidence as a result of self-recognition of regained or new capabilities. The learners described a self-generated “power of self.” The data revealed a number of factors contributing to a change in self-beliefs, attitudes, and actions.

I am finding new ways to do things. I have had to accept that. (Barbara)

I feel great about myself, and I have self- esteem. I have empowered myself. I felt all this confidence for myself; I have moved on, I have advanced myself. My energy level. I lost 40 pounds. I am healthier than I have ever been. I am happier then I have ever been and I see what I need to do. I did a self- assessment. (Allie)

Appendix R was developed using a deductive process rather than an inductive process, whereby the researcher sifted through the data to identify statements that were associated with the a priori categories representing the 11 elements of Mezirow's model. The verbatim expressed statements of the learners were recorded with their associated steps of transformational learning, and the salient factors revealed through the statements were recorded.

Pathways to Empowerment

Among the deaf-blind learners in this study, there were six sub-groups identified that were representative of six varied pathways to empowerment. Learners' predispositions, such as their cultural background, available support network, preferred communication method, or pre-disposition to self-determination, contributed to their commencement on a particular pathway. However, the findings revealed a significant discovery: the distinctive and pivotal motivation for learning (feeling of belonging, caring for others, having pride in self-identity, seeking and achieving a self-determined targeted outcome of independence, re-inventing relationships, and strengthening peer relationships) was the most heavily weighted influencing factor distinguishing one pathway from another. This revealed a valuable insight: that attention to the learner's motivation for learning was as important as trying to determine a set of instructional strategies to promote self-empowerment. Regardless of whatever strategies were reported as successful among learners, it may be of little value or consequence without unearthing the basis for engaging in the learning from the perspective of the individual learner. It can

be compared to treating a patient with a tried and true remedy without knowing the underlying cause of the symptom. This was another illustration of the importance of a whole person approach when working with individuals in the context of vocational rehabilitation.

The researcher was interested in gaining an understanding regarding pathways to empowerment experienced by learners and whether there were any similarities or distinctive patterns that were present among group of learners. The descriptive responses provided by the learners were organized into six sub-groups and ascribed names based on common elements/patterns of their described experience. The process of self-empowerment was found to be cumulative and was not an “all or nothing” proposition. It was not a conscious or deliberate goal set by learners or practitioners, but once ignited, it permeated other learning domains among the learners.

Six group identities were distilled from the data representative of these sub-groups: (a) Slow and Steady; Tools in My Belt; (b) Once a Perpetual Sideline Now Creating a Lane of One’s Own; (c) Breaking Out and Moving On; (d) Strutting Your Stuff; (e) Strength with Others; and (f) Caring Peacemaker.

The emergent finding of the six pathways illustrated a propensity among some learners to have certain outlooks and behaviors that were more prominent as they navigated their learning experiences. The pathways are learner-focused and point beyond instructional strategies and optimal conditions for learning. With such patterns revealed among groups of learners, there was strengthened evidence of the relationship among a myriad of variables that could be considered an impetus for their self-empowerment. These variables are presented in Appendix S, Six Pathways to Empowerment. Two of the learners, Ed and Keith, described experiences that were less empowering and indicated that they were not farther along on their pathway to empowerment. Ed’s positionality as a learner showed that he was focused on adapting to his vision and hearing loss. His goals and learning were concrete and in the immediate here and now. His trials of gaining a

footing, gaining the ability to communicate and function in his daily life, were all-encompassing. It was the task at hand that remained central to his experience, and therefore he was not engaged with critically reflecting on new perspectives. His level of learning could be characterized as learning survival skills in everyday life.

Keith was an individual who described a laden emotional positionality that was a strong pull preventing him from changing his perspective regarding his vision and hearing loss. He reported his experiences through a veil of despair and was unable to make a shift to see alternative ways to view his predicament and move forward. Both Ed and Keith, however, did demonstrate through their comments during the interview that there was change occurring and movement, even though incremental and restricted. Based on the motivational factors that promoted their learning, the researcher assigned them to a sub-group. Ed was assigned to Slow and Steady; Tools in My Belt because of his unflinching determination and resiliency with having experienced a sudden loss of vision and hearing. Ed proudly reported his new abilities and adaptive strategies to manage his life. Keith expressed a strong desire to make friends, feeling extremely isolated. Even though this was a challenging circumstance that he viewed negatively, it had supported his desire to learn and engage in the vocational rehabilitation program. The researcher contends that self-empowerment is not an all-or-nothing proposition, and the two learners were on their pathway, although their journey was relatively limited.

Not all participants evenly fit within a prescribed category or pathway. For example, Tammy was primarily focused on Breaking Out and away from parental control; however, her approach to this was a methodical step-by-step approach of prioritizing her training needs and participating in the core areas of training with determination. She had a clear pathway and end goal in mind of acquiring skills in communication, orientation and mobility, financial management, and independent living in order to lead an independent and successful life in accordance with her aspirations and preferences. Another consumer's responses illustrated the crossed pathways of Breaking

Out and Moving on and Strength in Others. Allie expressed a strong conviction for creating a life of her own, without the need or desire to please others and allow others to make decisions for her. However, her renewed strength and empowered sense of being were attributed to her relationships and shared experiences with peers who collectively represented solidarity with a “can-do” attitude.

Even though the pathways to empowerment are not necessarily defined with solid lines, learners had a greater predilection for one process over another. The data revealed a propensity among the majority of learners to acquire skills and execute self-advocacy in many life domains to attain and safeguard accessibility and inclusion. The six pathways to empowerment contributed to the development of a conceptual framework of self-empowerment. This emergent conceptual framework is illustrated in Figure 6, Pathways to Self-Empowerment among Adult Learners who are Deaf-Blind.

“The pathways that can lead to gains in self-empowerment are likely to be different for different subgroups of people” (Christens & Lin, 2014, p. 221). Membership and interaction among learners who share a bond of experience, learning challenges, and particularities with respect to social marginalization contribute to other members’ strengthened identity and sense of empowerment.

The catalysts or motivators were the basis for distinguishing the sub-groups (pathways) and represented the varied manners in which the empowerment journey was experienced and internalized, owned, and self-realized. The meaningful patterns of behavior among learners are included in Appendix T, Pathways to Empowerment and Associated Characteristics of Learners. The appendix illustrates how membership in the six sub-groups was not assigned in the traditional manner according to etiology, cultural background, or degree of vision and hearing. A common practice is to group learners with deaf-blindness according to labels respective of etiology, degree of vision and hearing or language, or the onset of the dual sensory loss. The conceptual framework that emerged broke this mold and identified learners according to learning style and approach

PATHWAYS TO EMPOWERMENT

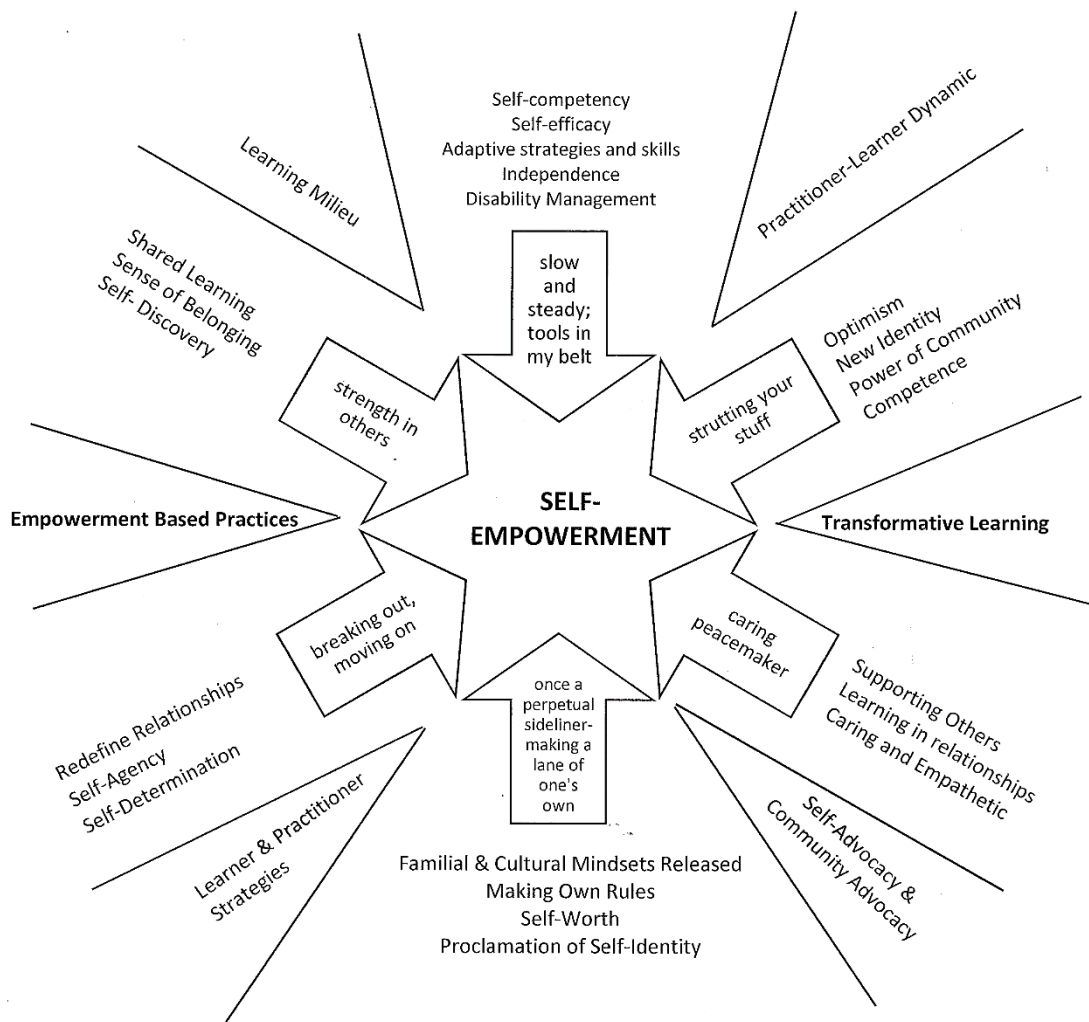


Figure 6. Pathways to Self-Empowerment among Adult Learners who are Deaf-Blind—A Conceptual Framework

to their disability as it related to their experience of self-empowerment while they participated in vocational rehabilitation training. The groups' identity revealed itself from the patterns of reactions, actions, outlooks, worldviews, or behaviors as the learners navigated on the road of self-discovery to self-empowerment.

Slow and Steady; Tools in My Belt

The learners described a methodical and deliberate step-by-step process of gaining new skills and the importance of having them at one's disposal should the need for them arise in the future. The satisfaction and sense of self-empowerment were derived from having mastered adaptive skills. The learners emphasized a practicality to their learning and were self-aware and capable of disability management. Their main focus and goal for training was to acquire skills, while gaining knowledge of disability-specific accommodations and the ability to self-advocate. The learners were knowledgeable of their options and acquired adaptive strategies in the life domains of communication, adaptive technology, orientation and mobility, independent living, and employment. Overall, the learners participating in this study described gaining adaptive skills as the fundamental reason for entering vocational rehabilitation training; however, the learners on this pathway were very focused on this aspect of the experience, and it was what propelled their self-empowerment to a higher level. These learners described themselves as capable and confident.

I think my attitude has been very good. I feel I completed what I came here for. I feel I have some tools in my tool belt. I want to say in my mind, I have tools in my mind. Dealing with the physical is one thing, but dealing with the psychological sense I wanted to say I know it is going to be difficult going out in the community but if I have my own understanding this person doesn't know what I am going through. And I can say teachable moment, teachable moment, it is going to be a struggle, so I am better be prepared, be in the right frame of mind to help me advocate. It doesn't help me. In the case of self-advocating I don't want to feel that they have to tend to my needs that they need to give me stuff. I need to advocate for myself. I think I need to empower myself to be prepared with what I am going to go through. (Bill)

This pathway aligned with the empowerment variables already identified, such as self-mastery and self-efficacy, resulting in increased self-confidence in one's abilities and the commitment to make decisions and take action to improve one's circumstances.

Looking through the lens of transformative learning, the learners on the pathway "Slow and Steady; Tools in My Belt" could possibly have experienced a change in

epistemic and psychological meaning perspectives by seeing themselves as competent and capable, having gained knowledge and skills for leading an independent life. They executed their deliberate learning by self-authoring their goals and had a propensity toward self-directed learning.

Once a Perpetual Sideline, Now Creating a Lane of One's Own

The learner's experience of self-empowerment was characterized by a series of "aha" moments resulting in the pronouncement of his dual sensory loss and his unique perspective. The one learner on this pathway declared a decision to no longer try to fit into a mold or follow rules that were not designed for him to begin with. Familial and cultural mindsets of low expectations were released, and the individual set out to establish his own self-expectations aligned with his abilities, talents, and aspirations. The learner acknowledged a future life as differently abled and let go of trying to compare to standards that don't make sense and do not apply to his experience. The learner no longer was trying to read and follow the same rule book and celebrated his new self-authored rule book.

I walk a very fine line between infant and invalid especially in my family. It's one of those things where if you are unable to adhere to the standards set forth by your culture and be a child who just shuts up and listens, you are disregarded, you are a perpetually a sideline. Here is the thing about that, when you are able to adhere you are able to follow the path of everyone else and be a part of the conversation be a part of the broader narrative as well as your own and when you are different no one knows how to deal with you. So they don't and they ignore you and you are a sideline, you are left without a sense of self. (Charles)

This learner experienced a break in continuity of the meaning perspectives that were previously derived from past social experiences. The change was described as questioning previous assumptions that held him back, and he made a decision to re-examine the social and cultural norms responsible for his self-concept and changed his thinking. This result for the learner could be likened to a transformative learning

outcome. “Transformative learning holds the promise that allows one to critically move beyond those seemingly self-evident assumptions governing one’s thinking, feeling and acting that have been unquestioningly been internalized through socialization and education” (Hoggan, Malkki, & Finnegan, 2017, p. 52).

Strutting Your Stuff

The individuals on this pathway expressed optimism and excitement. The new way of living, using adaptive skills, was worn with pride and enthusiasm. This was a common response among individuals in this group upon being exposed to adaptive skill learning and the deaf-blind adult learning community sharing common solutions and strategies for everyday life. There was a celebratory reaction to having arrived at a new place and with a new identity. Having gained adaptive skills and reached a level of independence, the learner embraced the identity and lifestyle of a person living with a vision and hearing loss and claimed the identity. The learners developed a deep connection with the community, desire to participate in social action, and expressed finding power in relationships. The group of learners exemplified how empowerment is relational and socially constructed and the importance of being interconnected with the community. As a person now identified as someone who is deaf-blind, their power grew, as it became something bigger than oneself. There was a significant change within the person with respect to their disability moving from a place of uncertainty, awkwardness, and sense of lack to a place of pride, enthusiasm, and competence. The following quote from Alice illustrates this mindset.

The next day I met a beautiful student. She had this huge smile and she was strutting her stuff. She used her cane. I said to her, she was deaf-blind. I asked her how do you feel using a cane. She said this is my best friend. Best friend. I asked her why? She said it protects me, it lets me know, it helps me from falling. You should not be embarrassed, go ahead use one. So I took a cane out. It warned you. It let you know what was coming up in advance. I said thank you very much. I gave her a big hug and I went back to my mobility instructor. (Alice)

Breaking Out and Moving On

The learners experienced a shift in relationship boundaries. These relationships involved parents, other family members, or sometimes lifelong friendships. The learner described traversing a threshold, and once landing on the other side, there was no going back. Their new and stronger sense of self-capability and self-agency promoted their ability to set boundaries in relationships that were not supportive to leading an independent and self-empowered life. Younger individuals discovered a readiness to launch and become an adult and make their own decisions with greater confidence. Some learners reported re-defining or eliminating unhealthy relationships. As a result, learners experienced a stronger sense of self, with greater self-respect. The learners re-framed themselves as contributors and change agents as opposed to feeling compelled to accept circumstances that were no longer satisfactory.

I felt like I wasn't really ready to live on my own, to live in an apartment and do all these things. Now I feel I have the motivation, I have the skills, I have the ability to do this and go to college. I'm going to have to live on my own. I don't want anyone taking care of me. I want to be independent. (Tammy)

Tammy made a deliberate decision to let go of their own defeating self-beliefs and replace them with self-empowered thoughts and actions. She was joined by other learners who expressed a vision of a new destiny and had a plan of what steps would be taken to make it happen. The rehabilitation learning was the foundation, the platform for launching a liberating self-fulfilling life. What might have once been viewed as not possible was recognized as a self-imposed barrier that could be overcome with deliberate action. There was a self-commitment to letting go of a disempowering thought/belief system. What was is then, and what is is now. The “now” or present time in one’s life required movement. Individuals reported moving forward and becoming unstuck. For some this meant no longer “BSing” or taking the role of victim but “getting out there” and “doing” their thing.

These learners emphasized the significance of self-autonomy and a strengthened internal locus of control. Learners reported no longer being tied to a self-perception that was riddled with self-doubt and recognized that their prior perceived limitations were assimilated or imposed by others but were no longer accurate or their own. These learners disavowed what might have been characterized as “learned helplessness” (Seligman, 1972), a process “where people contribute to real powerlessness impinged from the environment by allowing their own emotional, intellectual and spiritual mindset to prevent them from actualizing possibilities which in reality do exist” (Parsons, 1991, as cited in Dempsey & Foreman, 1997, p. 302).

Strength with Others

This sub-group of learners described how they gained power and confidence through their interactions and shared experiences with peers. Individuals described for the first time ever they experienced a sense of belonging, a fulfillment in being part of something bigger than themselves. The cherished learning came through making meaning of their experience through conversations with others. The change of transitioning to a tactual way and persevering through a challenging goal was more tolerable when learning among peers who were experiencing similar challenges. Trying on new ways of thinking, being, and doing became an enjoyable experiment, and trial-and-error experiences were part of the self-empowered self-discovery.

My buddy Mike, we go out every day. And he was the one who started haptics on me. He was touching my back. He was laughing. And I didn't know it. And then it was laughing. And then he was talking about Sea Beck, and different things. And so, finally I got it. And we do that because it is hard for us to understand, and so we do tactual because we are comfortable with each other. (Allie)

Learners made meaning and changed meaning perspectives in collaboration with others. The authentic, potent, and supportive role peers played was pivotal to the vocational rehabilitation experience. The learning-in-relationship was characterized by a unified

perspective taking among the learners regarding their identity and their disability management. The peers were more than a net for safety for each other; they were a springboard for critical reflection and taking action.

Caring Peacemaker

Only one learner was assigned membership to this sub-group. Eve viewed her self-empowerment as an ability to support others through their journey and introduce a calming and supportive influence on what can sometimes be a tumultuous period of transition and learning. Contrary to others, self-empowerment was not viewed as a process for gaining or strengthening skills in self-advocacy. This, in fact, was almost absent from the learner's consciousness. The focus was smoothing over the rough spots and bringing a caring attitude to all learners. It was as if a supportive message to others that everything will work out was an empowered role chosen by the learner. Eve was self-empowered by being present and available to others with an empathic and caring perspective.

I am trying to allow people to be comfortable with themselves. And people always say you are so much nice to be around. I am so comfortable being with you, chatting with you. Um so I always try to influence people, just to be nice. And people say, Do you mind if I can call you grandma, and I like that. (Eve)

This learner, a female senior citizen, experienced empowerment as it is described in the feminist literature. In contrast to the definition of empowerment identifying increased capacity to take control over decision making and resources to improve one's situation, the feminist perspective on empowerment emphasizes creative energy where "one works toward community and connection" (Browne, 1995, p. 362). This author remarks about how the common conceptualization of empowerment does not take into account the strengths and predispositions of older women who are marginalized and may benefit from different strategies toward self-empowerment. This senior adult clearly shared the values of relationships and connection with others. She found strength, resilience, optimism, and

self-esteem through giving support to others. Although she remarked that others referred to her as “grandma,” Gould (1988, as cited in Browne, 1995, p. 361) would warn to err on the side of caution and not to generalize her pathway to empowerment as being related to gender and age. How easily we attribute qualities of nurturance and caring to older women; however, Gould advises there must be recognition of the myriad intersecting life factors, such as culture, life experience, race, ethnicity, and socio-economic status, that contribute to this pathway.

The expressions of learner reflections, descriptions of their experiences, and re-framing through their participation in the rehabilitation process surfaced preliminary evidence of transformational learning to varied degrees while on their pathways to empowerment. The data support aspects of transformative learning experiences among some of the learners; however, further investigation into transformative learning among learners participating in a vocational rehabilitation program and its relationship to pathways to empowerment is warranted.

Table 10 provides direct statements of each of the 18 learners that are indicative of their assignment to one of the six pathways to self-empowerment.

Table 10. Learners’ Direct Statements Indicative of Six Pathways to Self-Empowerment

Learners	Direct Statements	Pathway to Self-empowerment
Barbara	And even though, I can still see I still do use the tactual sign language. And then also as far as me learning braille. I can once again, I can see and use my vision but you know what I am going to continue reading in Braille because I want to keep up and improve my skills and be prepared for the future. Um as far as my independent living skills go I feel I am relying on tactual techniques, I do not have to rely on my vision as much. So I just think by being here I have learned a lot more tactual skills.	Slow and Steady; Tools in My Belt
Josh	I feel empowered when I achieved a goal that I made. I lived in the apartment and cooked and took care of it. I learned banking and budgeting.	Slow and Steady; Tools in My Belt

Table 10 (continued)

Learners	Direct Statements	Pathway to Self-empowerment
Anthony	I have been learning about mobility, because I never used the cane before I came here. I learned braille. So I knew my ABCs already and some signs but not enough sign to have a conversation. Then I learned some independent living skills associated with being a db person like tactual cooking, tactual cleaning, and cooking tips. I also learned in tech JAWS, Zoomtext, and technology stuff there. The braille display; I was exposed to a lot of stuff.	Slow and Steady; Tools in My Belt
Linda	So I push and I fight and I keep going and one step at a time and adapt, accept and I have to move on.	Breaking Out, Moving On
Jianna	I created a vision of my life, about being married, having a family, and how I would be successful and how I could share with my family what deaf-blindness is all about. . Because mostly I was afraid about my future, I was afraid not knowing what was going to happen to me. Because mostly my family teaches me one thing, like for example one thing. And I would feel that is not adequate, I needed to learn things like how do I pay bills, keep house, do food shopping, that is what I expected	Breaking Out, Moving On
Charles	I couldn't adhere to Asian values, because I was different, I was disabled and I had different needs and different wants and a greater need for self- actualization, and for identity a level of individuality that is not conducive to continuing this idea.	Once a sideliners, creating a lane of ones' own
Bill	I have developed some strategies, fingerspelling, communication cards, uh, technology will be a way that I will be able to access the community. I am successful.	Slow and Steady; Tools in My Belt
Rachel	Before that I relied on my family, I would not fly to NY by myself, Now I research the area, find out where I am going, Before I was terrified.	Breaking Out, Moving On
Allie	I feel great about myself, and I have self-esteem. I have empowered myself. I felt all this confidence for myself; I have moved on, I have advanced myself. My energy level. I am happier then I have ever been and I see what I need to do. I did a self-assessment for myself.	Strutting My Stuff
John	To be with people who are deaf and hard of hearing. We are all blind and deaf. We are all hard of hearing. I wanted to be around other people – to help me get over grief	Strength in Others

Table 10 (continued)

Learners	Direct Statements	Pathway to Self-empowerment
Alice	And I did not realize. She had a huge smile. She was strutting her stuff and using her cane. I said to her, and this person was deaf-blind herself, and I asked her how do you feel about using a cane? And she said this is my best friend. And I said why? And she said it warns me, it lets me know, it prevents me from falling. You shouldn't be embarrassed about it. You should use one. And I didn't really understand. And she said go! Use it... I said to my mobility instructor, I have changed my mind. I want to use a cane. Laughter, let's do it. And he said okay. I was so excited to learn. I felt so proud of myself.	Strutting My Stuff
Tammy	I really just wanted to get a new life. I wanted to be independent. I really just wanted to learn more about myself if, before I one day become blind and lose all of my vision. Ya' know I have been beginning to feel I don't want my parent telling me what to do. And since I have been here. I feel that I am able to make decisions on my own and to be independent.	Breaking Out, Moving On
Ed	I was able to sign in daily conversation, and learned other skills for practical use. For example braille, and interacting with the public, I learned as my training evolved, my confidence was built up, so I was ready to conquer the mainstream.	Slow and Steady; Tools in My Belt
Juliet	But now with my cane I can find where the hallway is and I can do that on my own. I know where the path is, I know where the grass is to find my way. I have improved the way I communicate. I have accepted that I have to use tactual communication. I think I will be safer in the community. What else. I can use the computer more independently.	Slow and Steady; Tools in My Belt
Joel	I felt I can do this. I am a firm believer that if I can open a door, ya' know if you can open a door, your obligation is to hold it open for the next person. Don't let the door shut behind you. In other words I felt this empowerment to tell my peers to, you too can be in control.	Strength In Others
Keith	I get to share about what happens. Things, I am the same like them. I feel happy when I can share my experiences, we talked about a lot. I feel empowered that we are the same.	Strength In Others
Sally	I think, we have a family member who thinks just because she is an executor of a trust, that means she can tell me what I'm going to cook, when I'm going to clean, ... What am I going to keep, who am I going to allow in my house. Over my dead body. Now, it's not going to be that way. I'm changing the rules.	Breaking Out, Moving On

Table 10 (continued)

Learners	Direct Statements	Pathway to Self-empowerment
Eve	I am trying to allow people to be comfortable with themselves and people always say you are so much nice to be around. Um so I always try to influence people, just to be nice. And people say, “Do you mind if I can call you grandma, and I like that.	Caring Peacemaker

The 7 Ps—An Integration of Empowerment-based Practices

Empowerment-based instruction can be holistically framed by drawing together an overarching framework that illustrates the importance of its integration within multiple contexts of vocational rehabilitation. The 7 Ps is an emergent model comprised of the Processes, Practices, Principles, Policies, Programs, People, and Positionality of power. The model illustrates a broad stroke approach to organizational change toward empowerment-based practice.

The study garnered evidence of empowerment-based practice, specifically from a concrete description from learners with respect to these seven variables. The study identified distinct elements valued by the learners. In an attempt to construct a meaningful model, the following framework depicts a whole-context approach and looks at the totality of the vocational rehabilitation experience. Just as individual empowerment is embedded in the community and is linked to societal opportunities and resources available to marginalized groups, the elements of empowerment-based practice can be integrated into the fuller context of the interactive variables and processes present in vocational rehabilitation.

The 7 Ps, an interrelated and multi-faceted model, pushes the boundaries of empowerment-based practice beyond the “classroom” and instrumental learning: adaptive skills development, instructional strategies and content, and the tangible outcomes of employment. The 7 Ps—**P**rocesses, **P**RACTICES, **P**RINCIPLES, **P**OLICIES, **P**ROGRAMS, **P**EOPLE, and

Positionality of power—all contribute to the model of empowerment-based practice. The key ingredients of the 7 Ps, as identified by learners and prior research, are identified in Figure 7. The model provides examples of how the conceptual framework of empowerment-based practice can be expanded and can encourage practitioners to critically assess the interactive and dynamic way these variables working in synchronicity impact overall services to learners. An example for each of the 7 Ps will be provided, reflecting what learners have shared. For example, among *processes*, how are team meetings facilitated and how are learner goals established? For *practice*, are there learning opportunities that promote collaboration among co-learners? For *principles*, are learners' life experiences valued, and how are learner-centric activities defined? For *policies*, how do learners share in development of policies such as training SSPs and determining who is qualified to provide these services? For *programs*, are programs developed and evaluated inclusive of learners input and feedback? For *people*, do professionals engage in self-reflection on assumptions about their role and the authenticity of their relationships with learners? And for *positionality*, how is the workforce inclusive of members of the deaf-blind community? The 7 Ps is an emergent framework, and further examination of how this framework can be used to support organizations to question assumptions that may lead to change and transformation of institutional habits that are limiting or disempowering is recommended.

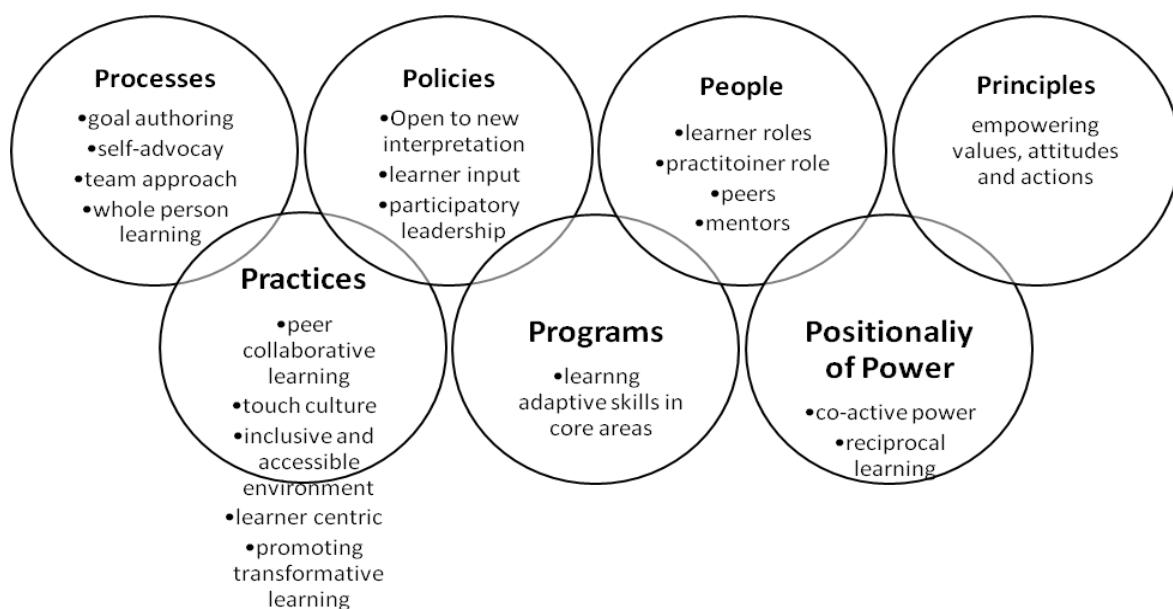


Figure 7. The 7 Ps of Empowerment-based Practice

“The way we teach and learn affects the world around us” (Hill, 2001, p. 79). A sought after goal of adult education is to provide learning opportunities that facilitate growth and development, expanding one’s capacities and abilities so that “the learners become more liberated as adults, better capacitated to participate in the lives of their communities and institutions, and empowered to create an authentically human future” (McKenzie, 1991, cited in Hill, 2001, p. 79). The implications of empowerment-based practice may be far-reaching for adult learners who are deaf-blind in building their authentic future. The meaningful process of self-empowerment can be life-changing and continue beyond the vocational rehabilitation to future life experiences and interactions.

Chapter VII

ANALYSIS AND INTERPRETATION OF FINDINGS

The insights and discoveries revealed throughout the study's findings will be discussed and interpreted. The chapter begins with a discussion of four topics that are relevant to the interpretations: Models of Empowerment, Associated Variables of the Empowerment Construct, Practices to Promote Empowerment among Learners, and Intersecting Pathways of Empowerment-based Practice and Transformative Learning.

Models of Empowerment

The construct of empowerment and practices that promote it, its relationship to learner outcomes, and the benefits of empowerment training are researched areas available in the literature. This study took a step further and examined how it is actualized among adult learners who are deaf-blind. Prior researchers have studied empowerment among a variety of social and learner groups (LGBTQQ community, individuals with disabilities, parents of children with disabilities, families in poverty, older women, and other marginalized groups) and have offered rich interpretations for practice among these groups. The construct of empowerment has been defined, studied, and debated not only for the purpose of identifying effective avenues for advancing breakthrough learning for these learners to lead self-sufficient and fulfilling lives with equal access to resources and chances for success, but also to advance the community of learners collectively who share common experiences in order to promote social change.

One can postulate that contingent upon one's frame of reference with respect to definition and the social or learning setting, the selected group of learners, and the barriers they face, the research findings, interpretations, and recommendations for practice might differ.

The model of empowerment that emerged from this study is comprised of six key elements found to be associated to specific empowerment-based practices among learners who are deaf-blind participating in a vocational rehabilitation program. The findings, although unique, also share some common features, outcomes, practices, and processes with existing models and research findings among other sub-groups of learners.

Zimmerman (1995) defined empowerment as context-specific and operationalized the construct as interconnected processes and outcomes at three levels: individual, organizational, and community. Individual or psychological empowerment is comprised of three dimensions: intrapersonal, interactional, and behavioral (Zimmerman, 1990a, 2000). *Intrapersonal* is described as the ability to exert control over varied life domains, such as work or sociopolitical contexts. *Interactional* is described as a learner's self-awareness of how to use and obtain available resources, and *behavioral* connotes specific actions taken by the learner to achieve goals.

Other researchers have argued that the intrapersonal dimension defined by outcomes of self-efficacy, motivation, control, and competency is domain- or context-specific (Speer & Peterson, 2000). Others have found the intrapersonal dimension to be more relevant to emotions stemming from self-concept (Christens & Lin, 2014) or how learners think about themselves (Miguel, Ornelas, & Maroco, 2015). The interactional level was equated to an individual's cognition, including critical awareness, perception of self as change agent, and skill development across life domains (Peterson, Hamme, & Speer, 2002).

The study of adult learners who are deaf-blind focused on the individual level of analysis. The nature and expression of self-empowerment along all three dimensions

(intrapersonal, interactional, and behavioral) were reported by learners. Learners reported intrapersonal changes through increased self-confidence, self-determination, and self-belief in higher expectations and the motivation to achieve goals. Self-identity for some learners was asserted and celebrated. The interactional dimension was experienced among the deaf-blind learners and manifested through the re-definition of relationships with family, friends, and peers and the community. The socio-political environment was experienced and acknowledged as learners described their direct experience with challenges and barriers to communication access, transportation, and stereotyping and the response of learners to support their peers with achieving success as well as joining consumer advocacy groups to promote community change. Learners demonstrated the interrelationship among all three dimensions through the adoption of adaptive skills and strategies for everyday life, engaging with fellow members of the community for support, shared learning, and engagement in activities to address social change efforts.

Zimmerman's (1995, 2000) model was built on the premise of interdependency among all three components and was described as a superordinate model, one whereby the three components are interrelated. However, other studies (Christens & Lin, 2014; Speer, 2000; Speer & Peterson, 2000) found the components of intrapersonal, interactional, and behavioral to be weakly correlated. Hence, there is no study to date that has validated Zimmerman's work (Peterson, 2014), although this is the foundational work that has been given the greatest attention among researchers and scholars.

Peterson (2014) recommended an aggregate model of empowerment that is formed by its myriad dimensions. The conceptual framework derived from the findings of the study with adult learners who are deaf-blind supported this recommendation. The study aggregated the key factors and provided details of how they were meaningful to learners, but there was no definitive way to explain the antecedents, show causality, or how they might be correlated from this preliminary study.

Adult learners who are deaf-blind described self-empowerment not as a separate or distinct phenomenon, a cause and result, a linear or additive construct with separate dimensions, but more as an ongoing thread, beaded with experience throughout the learners' journey. It was characterized as provisional with respect to timing in relation to other life variables (transitions) and context-sensitive (learners' predispositions, life experiences, relationships, and learning milieu). The implications were that the empowerment construct is multi-dimensional (Christens & Lin, 2014; Perkins & Zimmerman, 1995; Zimmerman, 1995): interactive, dynamic, and socially and culturally constructed.

Researchers and scholars have framed the construct of empowerment as a process and an outcome (Kosciulek & Merz, 2001; Rappaport, 1981; Savage, Harley, & Nowak, 2005; Speer & Peterson, 2000; Zimmerman, 2000; Zimmerman, Israel, Schultz, & Checkoway, 1992; Zimmerman & Warschausky, 1998). Accordingly, research has been conducted to measure empowerment using various instruments and scales (McWhirter, 1991; Miguel et al., 2015; Speer & Peterson, 2000). The measurement criteria utilized by these researchers imply how researchers defined the phenomenon and the level of analysis they were addressing. One such study, for example, determined that greater learner involvement with community organizations was associated with greater leadership competence, and higher perceptions of the power that grows through relationships with others (Speer & Peterson, 2000). A consumer-directed theory of empowerment (Kosciulek & Merz, 2001) measured the variables of self-esteem and self-efficacy, power and powerlessness, community activism, optimism and righteous anger as indications of learners' empowerment. The point is that the complexity of the construct of empowerment and its relevance to adult learning contributes to a rich and bountiful content, but this makes cross-study analysis a challenge, and the development of a universal model difficult as well. This study provided insight into the nature of empowerment being both a multi-dimensional process and an outcome comprised of

related variables that were experienced to varied degrees. Although the findings were situated in the context of a vocational rehabilitation program, they may have relevance to other learner groups. The empowerment-based practices reported by the learners were significant to the learners' outcomes of learning adaptive skills and strategies and included learning about resources and accommodations for accessing information and communication, but more broadly and importantly contributed to the learners' overall perspective and feeling of strength and well-being. The specific learning among other sub-groups may differ (change in knowledge, skills); however, some of the changes in perspective that were described—increased self-awareness, heightened self-esteem, strengthened confidence in decision making and acquired skills to self-advocate, re-definition of boundaries in relationships, and exertion of influence over matters of importance—were common and central to the meaning-making and learning among other groups.

Associated Variables of Empowerment-based Practice

This study among deaf-blind learners was interested in examining the actualization of empowerment: what were the realized strengths and abilities among learners, what was the result of their changes in beliefs, attitudes, and actions and their catalysts? The findings showed congruency with prior studies that have correlated empowerment to variables such as self-autonomy, self-efficacy, and self-determination (Abery, 1994; McWhirter, 1991; Ozer & Bandura, 1990). Prior studies in the field of vocational rehabilitation have identified key factors that contribute to an increase in empowerment, such as informed choice, self-determination, counselor consumer alliance (Kosciulek & Wheaton, 2003), and self-understanding in relation to environmental opportunities (Breeding, 2008).

Individuals reported that they internalized values, attitudes, beliefs, and actions that exemplified self-empowerment. The embodiment of empowerment at the individual level has been recognized as the presence of varied strengths and characteristics among learners. Many of these were identified and contributed to how the construct is conceptualized in the literature. These include but are not limited to skills in self-advocacy (Savage et al., 2005; Seekins, Fawcett, & Matthews, 1986), self-determination (Abery, 1994; McWhirter, 1991), self-efficacy (Bandura, 1977; Conger & Kanungo, 1988; Zimmerman & Warchausky, 1998), self-identification (Nario-Redmond, 2016), locus of control (Wehmeyer, 1994), and involvement in broader decisions impacting programs and services or the community at large (Chavis & Wandersman, 1990).

The study revealed additional variables or elements integral to the experience of empowerment that were unique to adult learners who are deaf-blind, such as experiences of multiple transitions. Most distinct, when examining the reported transitions among learners, was the transition of learning a new alternative method of communication. Having an accessible and reliable communication method was a critical aspect of establishing opportunities for dialogue and critical reflection on prior assumptions. Having full access was not a given among learners in this community, and it reportedly impacted one's opportunity to make informed choices and be an active agent in determining self-made goals or being an active participant in social change. There were significant differences among this group of learners with respect to the optimal empowering learning environment.

Practices to Promote Empowerment

The notion that empowerment is ecologically grounded (Riger, 1993) and operationalized as a "person-environment fit" (Fawcett et al., 1994, p. 473) was described as how well the environmental features support or facilitate empowerment (Fawcett et al., 1994). Whether the environment being considered was the family, school, religious

institution, or neighborhood, barriers undoubtedly were present (employers focusing on deficits, lack of accessible transportation, lack of affordable housing), and these authors studied how learners employed tactics to remove these barriers. These authors identified 18 tactics and divided them into two groups: person and group tactics and economic supports. Examples included increasing skills, gaining knowledge of resources, and how to obtain them. Empowerment-based practices described by deaf-blind learners shared in common 10 out of these 18 tactics. Gaining knowledge and information about resources, gaining a better understanding of their vision and hearing conditions and the implications to functional daily living, knowing the options for training, developing advocacy skills, and engaging in opportunities for collaborative learning all contributed to the learners' self-efficacy and ultimately their self-empowerment.

The empowerment-based learning differed in that it was not centered on barriers. Instead the focus was on positive self-concept, increasing independence and improving ability to participate fully through gaining alternative methods of communication. Perhaps this was because the vocational rehabilitation program strived to remove barriers for the learners in order to provide an optimal learning environment. Or perhaps the positive and collaborative approach was a result of a community that valued connection with others and this was experienced as a catalyst for learning and change. The learners described an approach that was in contrast to other groups whose approach was based on establishing a unifying coalition for the purpose of opposition. A common theme in the literature is that empowerment is strengthened through opposition to oppressive forces that perpetuate inequities and stereotypes associated with the community.

One study conducted among older women in the field of social work provided an alternative view of empowerment. Unlike most popular definitions describing individuals gaining power and influence through self-efficacy and self-determination, a study conducted among older women revealed that these learners possessed a strong ability to connect with others, and that was the influential factor that promoted their empowerment

(Browne, 2011). Practices might take on a completely different approach depending on the definition of empowerment. In lieu of advocacy skills training, self-empowerment might be strengthened by activities that support community connections, friendships, and family and peer support groups. The group of learners whose pathways were identified as “Strength with Others” and “Caring Peacemaker” were motivated by a similar approach. Future studies to explore how empowerment may be strengthened through proactive collaborative tactics versus oppositional tactics are needed.

The findings of this study emphasized the significance of how the qualities of the learning milieu may promote or diminish self-empowerment. Learners stressed the importance of communication accessibility. Learners’ descriptions of certain qualities that fostered and engendered learner-centric practices were instructional strategies that addressed learners’ degree of vision and hearing and the possibility of daily fluctuations, learners’ experiences with transitions, level of confidence, self-awareness, and prior learning with respect to adaptive skills in the core areas of communication, mobility, adaptive technology, skills of independent living, and employment.

Touch culture was conceived as creating a sensitive environment where learners not only experienced a barrier-free environment, but one that also included the social and cultural aspects that impact interactions and communication. This expands the definition of the person-fit environment as reported by Fawcett et al. (1994). The deaf-blind learners elaborated on the person-fit environment to include a deaf-blind-centric orientation to learning rather than hearing-sighted orientation. It exceeded an augmentation or making accommodations and was tailored from the sensory perception worldview. A person-fit environment was more than removing physical obstacles. The findings revealed that it included a whole-person approach integrating practices that are relevant to the social, affective, cultural, economic, political, and spiritual domains of the learner. How that translated into practice was different in many ways depending upon the

individual learner, but the data revealed similar priorities reported among learners.

Further research to examine these domains and their relationship to practice is needed.

The study identified additional strategies to promote empowerment among learners. Some of these strategies were again specific to the adult community of learners who are deaf-blind, but some shared elements more broadly reported among other social groups. Experiences described as successful, challenging, and inclusive of peers within the deaf-blind community were examples of the self-reported experiences that promoted self-acceptance of a positive self-identity. When the learning was accessible to the learners, this fostered feelings of inclusivity and shared power, which, in turn, bolstered self-confidence, resilience, and pride. The pronouncement of a new self-identity by 67% of the learners was associated with self-pride and self-worth; thus, the perspective change among learners to accept and take ownership of their deaf-blind identity was significant. The strengthened identity and sense of self-empowerment has been reported to occur among other communities of learners who share a bond of experience, challenges, and social marginalization.

The findings of this study supported the notion that empowerment begets empowerment. Other studies have depicted empowerment as context-specific. The physical and social barriers existing in a social context form the bond among learners. When empowerment was present in one context, it influenced other contexts as well. As one learner reported, he felt empowered when he gained skills in public speaking, and this fueled his motivation to use his creative writing skills to write articles in the newsletter critiquing local restaurants based on their accessibility to deaf-blind individuals. The critical perspectives that had changed within the learner had a cumulative quality and contributed to the sense of self-empowerment that permeated other life domains and were not isolated or distinctive solely on context.

The elements identified by learners associated with their self-empowerment were interrelated, and one aspect might influence another. For example, the transition to tactical

communication was met with opportunities to self-advocate for accessibility features in the environment. Learners reported strengthened self-empowerment when immersed in an inclusive and accessible environment and when their advocacy efforts were successful.

The study revealed learner and practitioner strategies that promoted self-empowerment. These were the strategies that were specific to the adaptive skill learning and the adoption of these skills in living and learning situations. Learners described making a commitment to embody the change throughout their daily life by employing specific practical techniques and strategies. Practitioner instructional strategies reported by learners brought into focus the content of the learning that was valued by learners and the associated strategies that enabled them to successfully achieve their rehabilitation goals.

One inference drawn from prior research was a study among gay male and lesbian learners (Savage et al., 2005) that found strategies for promoting empowerment to be culture-specific. The gay and lesbian learners relied on specific training experiences particular to the issues that were stigmatizing to them as a community; however, the central tenets of the training emphasized opportunities for clients to make decisions and participate in meaningful ways on issues that impact their life. The training model incorporated psychological or individual empowerment and community/collective levels of empowerment. Both deal with individual perceptions (perceptions about their own motivation, self-efficacy) and how one thinks about the social environment. Linked to individual self-efficacy are two critical insights: self-efficacy is influenced by efficacy of the community (Zimmerman & Warschausky, 1998), and within the gay and lesbian community, having a positive self-identity is a strong basis for having self-empowerment (Perkins, 1996; Savage et al., 2005). Findings of the study among the gay and lesbian community supported the insight that gaining skills in self-advocacy was a central experience. These two key factors—positive self-identity and skills for self-advocacy—

were also reportedly significant among adult learners who are deaf-blind when describing their pathways to self-empowerment.

In a study with LGBTQ youth in the context of theatre, individual and collective empowerment was promoted through a transformative community model (Wernick, Kulick, & Woodford, 2014). The process of engaging in theatre together helped participants come closer together, gain a sense of belonging, and gain confidence and skills in self-advocacy (Wernick et al., 2014). The catalyst for empowerment among LGBTQ youth was their participation in theatre, which provided them an opportunity to claim expert status, and this promoted the experience for learners to develop critical consciousness and movement toward their own self-agency.

Although the vehicle or catalyst for learning was not specific to theatre and storytelling, deaf-blind learners strengthened their self-confidence and critical consciousness through their interactions with others in the community. Support groups and peer collaborative learning provided opportunities for sharing self-narratives but also claiming expert status with respect to navigating life as a person with a combined vision and hearing loss.

A study examining empowerment-based practices at a family resource center (Everett, Homestead & Drisko, 2007) identified a six-point process “recruitment, engagement, involvement, retention, partnership and leadership” (p. 168), whereby there are multiple access points or opportunities for employing empowerment practices across the period of the consumers’ participation in the program. This study provides insight that empowerment-based practices are not delegated solely to the instructional sessions of learning but can be integrated into all aspects of the service delivery to include recruitment, program development, orientation, assessment processes, policies and procedures, team meetings, follow-up, and much more.

In addition, Everett, Homestead & Drisko’s (2007) study showed a progressive quality to empowerment among both learners and staff. As the process progressed into

the later stages, the roles of staff changed. There was a non-linear progression from expert authority to collaborator. It was reported that “the extent to which individual clients became empowered depended on their level of ability, the availability of resources and opportunities within social structures” (p. 169). For example, at the recruitment point, staff were engaged in forming positive relationships with the community and supporting learners to use their competencies to determine and then achieve goals. These findings aligned with empowerment-based practices among learners who are deaf-blind. Practices were described at various access points, such as when determining goals, designing learning activities and approaches to the instruction, engaging in dialogue on how assessment was conducted, and during opportunities for consumer feedback.

The model of 7 Ps identified in this study suggested how learners perceived empowerment-based practice to extend beyond their instructional interactions and learning context and included the interactive and dynamic variables present in a greater context. The model was proposed as a tool for instigating the broader application of empowerment based practice within the organization as a whole.

The findings in both studies illustrate the interrelated dynamic of the staff-client or learner-practitioner relationship. In addition, both studies illustrate a progression for both staff-practitioners and clients-learners to build and strengthen skills of empowerment/empowerment practices, as well as the importance of the practitioner to meet the learner where they are, using a mindset and approach of reciprocal learning engaging as a partner and not an authority or expert. This dynamic in the relationship between learner-practitioner or client-staff is a prominent factor of Freire’s (1999, as cited in Bernard, 2010) teaching methodology whereby dialogue on inequities of power was a central tenet. In this methodology, likened to empowerment-based practice, the traditional role of teacher as the authority and expert was turned on its head and re-defined to be a reciprocal relationship of “teacher-student and student- teacher” (Freire, 1999, as cited in Bernard, 2010, p. 325).

The model is different from other models present in the literature in a number of ways. Fawcett and colleagues (1994) describe a model of empowerment comprised of 4 elements and 18 related tactics. The key elements in this model are: experience and competence, physical and biological capacity, stressors and barriers, and support and resources. Their contextual-behavioral model makes a connection among all four elements—the person's disposition, their disability, the societal barriers existing, and how to remove the barriers and enhance support and services. The authors derived the model through studying the case studies of eight individuals with physical disabilities. Although this model shared some common factors and tactics with the empowerment model among deaf-blind learners, it can be characterized as transactional. The model is showing the relationship to learners and their disability and to the environment and how changes can occur to primarily enhance or change the environment. In contrast, the empowerment model among learners who are deaf-blind pointed to a model that could be characterized as transformative rather than transactional, whereby learners transform the way they see themselves, their disability, and their future.

The pathways taken to self-empowerment by the learners were described as a direct encountering or undergoing with empowerment (the verb) rather than identifying a catalogue of objectified outcomes that can be held out for measurement (the noun). Similar to Yorks and Kasl's (2002) differentiation between how learning from experience can be framed from a pragmatic versus phenomenological perspective, self-empowerment was found to be a sensing, being, thinking, doing, descriptive, felt encounter specific to the context (moment, time, and place), yet inclusive of the multiple life domains of the learner. The learner life domains may be internal to the learner (i.e., meaning perspectives) or external (i.e., social dispositions and circumstances).

The Intersecting Pathways to Self-empowerment and Transformative Learning

As the study ensued, the researcher identified a value in examining the juxtaposition of transformative learning research and research studying empowerment among disenfranchised learners. The preliminary inquiry sought to determine if, in fact, there might be an interrelationship between transformative learning and empowerment-based learning. Identifying the connection between them and their intersecting processes and outcomes could possibly bring a deeper meaning to the construct of self-empowerment and provide additional insights into how both theories and the associated practices can inform one another. The relationship was prompted by what was reported by learners on their pathway to empowerment bearing resemblance to transformative learning. Although this inquiry was investigated using the 11 a priori categories identified by Mezirow (1991b) decades ago and the preliminary findings that emerged are somewhat undeveloped, the initial examination revealed some parallel experiences described by learners. Further studies are warranted.

The present study shed light on emergent findings suggesting that an additional strategy for fostering transformative learning among learners may be the opportunity to engage learners and practitioners in empowerment-based practices. There was preliminary evidence that some learners may have experienced transformative learning as well as a reported sense of self-empowerment.

The interest in researching, critiquing, and expanding the theoretical framework of transformational learning presented by Mezirow originating in 1975 has been ongoing for the last 40 years (Baumgartner, 2001; Brookfield, 1995; Carter, 2000; Cranton, 1994; Dirkx, 1997; Hoggan et al., 2017). Like the studies of empowerment that originated in community psychology (Rappaport, 1984) nearly 40 years ago, both transformative learning and empowerment-based practices have implications for adult learning in the context of vocational rehabilitation.

A central premise of the transformational theory is a change in learners that is indicative of a *perspective transformation* (Mezirow, 1991b). These elements of change with transformative learning have parallels to the changes reported by learners respective of the empowerment drivers.

In the available research, both theoretical frameworks share common elements and associated variables (skills, outcomes) important for being effective with life. Some of these are revered by educators and rehabilitation professionals alike. Both frameworks have been the basis for studying a vast array of social groups and the array of variables contributing to the process of learning, with the common denominator of change occurring in the learner and within the larger social context. Both are greater than the sum of their parts. Both go beyond the “banking method” (Freire, 1970) of education and engage learners to gain self-authorship through critical awareness. Both have life-changing properties. The relationship to empowerment and transformative learning becomes more visible upon examination of the variables of these constructs or models. For example, gaining skills in emancipatory knowledge (Cranton, 2002), experiencing raised consciousness (Freire, 1973), gaining a sense of self-agency (Neuman, 1996; Remer & O’Neil, 1980, Saavedra, 1995), having a self-determined sense of purpose and direction (Remer & O’Neill, 1980); gaining a sense of self-efficacy (Zimmerman & Rappaport, 1988), gaining self-awareness and environmental awareness to make informed choices regarding matters of importance (Breeding, 2008; Kosciulek & Wheaton, 2003), becoming open to new ways of thinking (Cranton, 2002), gaining a sense of power (McDonald, Cervero, & Courtenay, 1999), taking deliberate action to fulfill goals (Zimmerman & Warschausky, 1998), acting on revised assumptions (Cranton, 2002), and having the ability to influence and thereby contribute to the learning of social change in the community (Speer & Peterson, 2000) were often associated with adult learners’ perceived experience of empowerment and are variables present among learners in studies examining transformative learning.

Chamberlain (1997) identified 15 variables associated with empowerment. This extensive group of variables included having the ability to make decisions, having access to resources, gaining skills for living and working, and having options and influencing change in one's community. The variables of transformative learning are also elaborate and impactful to learners for leading a self-directed, critically conscious, self-fulfilling life. A transformative learning experience has been described to be comprised of a process that includes "a) centrality of the experience, b) critical reflection and c) rational discourse" (Mezirow, 1991b, p. 197). Essential practices for promoting transformative learning include: the importance of providing a safe, open, and trusting environment for learning; using instructional practices that support a learner-centered approach and promote student autonomy and collaboration; and the inclusion of activities that explore alternative personal perspectives and critical reflection (Mezirow, 1995). Cranton (2002) contends that at the heart of transformative learning is an environment of challenge, safety and support, and learner empowerment.

The learners who were representative of other marginalized groups, such as learners with positive HIV diagnoses, vegans, families living in poverty, adult educators, women returning to the workforce, all embarked on a journey and experienced transformative learning. Each of the sub-groups journeyed on their own pathways. Their successful pathways to their transformative learning were found to have parallels with learners who are deaf-blind on their pathway to empowerment.

For some adult learners who are deaf-blind, crossing the threshold to self-empowerment began with questioning self-expectations built on sociocultural beliefs about the meaning of their disability, which brought a new self-awareness of self-capabilities and a new frame of reference with respect to self-identity. The learners expressed a new conviction to challenge the status quo and took on an active role for exploring options, trying on new roles, and engaging in newly defined relationships. The

learner was entrusted with their own self-judgment and became a change agent with transformed beliefs, attitudes, and actions.

The data support the premise that self-empowerment can be conceived as a phenomenon that requires self-initiation and direction by the learner along a pathway. But equally significant was the importance of the perception of empowerment as a two-way path. It was depicted as a phenomenon that was strengthened by the beliefs, attitudes, and actions of both the learner and the practitioner. Self-empowerment was often conceived, perceived, believed, and achieved in relationship with others.

The data revealed a descriptive account of the six elements present as learners perceived and experienced self-empowerment. These six elements may be relevant to other learners and can add to our understanding of the construct of self-empowerment and adult learning. There are, however, differences when one critically addresses how these six elements are translated and experienced by learners for different learner groups. These findings align with the findings of the prior research that have described similar characteristics and positive attributes among a community that encouraged and promoted their strength to succeed despite the obstacles and uneven distribution of resources and opportunities.

While many authors have described the important practices to promote or facilitate transformative learning (Cranton, 1994, 1998, 2002; Taylor, Marienau, & Fiddler, 2000), additional studies are needed to increase understanding and application of this body of knowledge. Nearly 20 years ago, Taylor (2000) reviewed literature to identify empirical practices in adult education that can promote transformative learning. The six themes Taylor identified were “fostering group ownership and individual agency, providing shared intense experiential activities, developing an awareness of personal and social contextual influences, promoting value laden course content, recognizing the interrelationship between critical reflection and affective learning and the need for time” (p. 7). All six of these themes were present among the learners’ descriptions of what

instructors did when providing empowering learning experiences. This study contributed to the current research by providing specificity on the practical application of these elements that are deaf-blind-centric.

Chapter VIII

CONCLUSIONS AND RECOMMENDATIONS

As this qualitative study is winding down, the iterative and recursive process of meaning making must settle and remain still to draw conclusions. The researcher is challenged in terms of what would be the most significant way to wrap this up. What would be the most profound words that can be written that will capture the conclusions? Any study, including the study at hand, must cautiously report and draw any major conclusions from its analysis of findings. At best, the study of empowerment-based practices among adult learners who are deaf-blind has opened the door to future inquiries. It has provided a springboard to future learning through research and practice with the intention of creating an ongoing dialogue or opportunity for additional inquiry into the phenomenon.

At the onset of this study, the researcher ventured into a disparate landscape with respect to the construct of self-empowerment. Prior studies from a variety of fields involved with a variety of social groups contributed with rigor to the construct of empowerment, yet there was much discrepancy regarding its meaning, how and where it manifests, and what factors can promote or diminish it. The premise of whether empowerment could manifest within the individual or only within the collective and the context of social change was a factor of debate among scholars. What was clear was that the literature did not present a consistent or coherent definition of empowerment, and consequently this presented a challenge among researchers on how to study this

construct. That said, the researcher contends the value of the concluding declaration. The study provided supporting evidence that empowerment-based practice has a meaningful place in vocational rehabilitation.

The study expanded on the description of the manifestation of self-empowerment among learners who are deaf-blind and incorporated their perspective regarding the whole person, the process, the context, and the relationships critical to building a more in-depth understanding of this phenomenon. The community of learners provided insights and shared an emphasis on the importance of how an experience of being a learner with a vision and hearing loss required an approach that was learner-centric and underscored the meaning of whole-person learning. The learners' change in meaning perspectives and their way of engaging in learning included their affective, cultural, social, practical, communicative, political, economic, and spiritual selves. Emergent findings revealed that empowerment-based practices were to some extent joining hands with promoters of transformative learning to support the learners' achievement of re-assessing and re-determining their self-beliefs, attitudes, and behaviors regarding how they saw themselves, their future expectations, and relationships.

Learners also provided a well-defined explanation of the practices that support their self-empowerment. The learner-centric approach included awareness and knowledge of how loss of vision and hearing impacts their worldview and how sensory perception and touch culture are key factors in the manner in which learning was experienced and made optimal. Accessibility to communication and the visual and auditory environment was a non-negotiable and was key to learners' self-confidence and opportunity to fully engage in self-empowered learning.

The following are just some of the prominent points presented based on the expressed views conveyed by learners regarding their experiences. Again, caution must be taken due to the small sample of learners participating in the study and the great diversity among the deaf-blind community.

- Self-empowerment is a process and is contingent upon varied factors both internal and external to the learner. The empowerment construct is multidimensional, dynamic, cumulative, and provisional.
- Self-advocacy is a central element and is threaded throughout the learner's experience of self-empowerment.
- Self-empowerment is associated with changes in beliefs, attitudes, knowledge, and behaviors of the learner, and these may be promoted or diminished during the vocational rehabilitation experience influenced by multiple factors, including the learners' experiences with multiple transitions, their relationships with others, self-identity, skills in self-advocacy, opportunities to engage with others, and goals and priorities.
- The quality of interactions and relationships with practitioners and learners is significant to the learners' self-empowerment.
- The learner's experience of living and learning with a combined vision and hearing loss has implications for a whole-person approach to learning and includes the cultural, emotional, social, economic, physical, personal, and spiritual aspects of self.
- Collaborative tactics are effective promoters to self-empowerment among learners who are deaf-blind.

The Whole-Person Approach

Based on the investigative findings of the study, the researcher described the whole-person approach to instruction as the engagement of the practitioner with Heart, Hands, Head, and Spirit. The expressed comments of the learners revealed the importance of an empathic and emotionally aware practitioner. The whole-person approach engenders learners and practitioners to recognize that an empathic field is not

simply a receptive acknowledgement of a person's situation in the moment. There is so much more to consider at the level of relationship and "learning-within-relationship" (Yorks & Kasl, 2002, p. 190). For learners who are deaf-blind, the ways of knowing through touch and experience in the present moment are worthy of attention, though beyond the scope of this study.

Learners' sense of or determination if a practitioner was committed to the job was surprisingly a common consideration of the learners. There seemed to be a sizing up of the instructor among learners based on certain qualities. How practitioners enacted their role and when they went the extra mile were obvious to learners and made a difference. Appendix U provides descriptors that illustrate the domains and characteristics of practitioners that were valued among the learners. The seven domains of learning are identified as affective, practical, attitudinal, cultural, communicative, spiritual, and positionality.

The domain of positionality that surfaced in many instances throughout the data analysis was relevant to the results of this study regarding empowerment-based practices in vocational rehabilitation. Positionality connotes a reference to distance and, in this case, the distance in relation to power and relationship formation. The practitioner-learner positionality can be defined with respect to value of reciprocal learning, sharing of mutual respect, sharing of experiences, and sharing of power. The researcher referred to positionality as a measure or degree of co-active power. The instructor and the learner may engage their heart, hands, head, and spirit in different manners based on the trajectory of their positionality. The researcher has depicted this relationship diagrammatically through a vertical (hierarchical) or horizontal (equal and shared) position between the practitioner and learner to illustrate the dynamic.

Appendix V contrasts the two positions of co-active power. The horizontal position promotes the self-actualization of self-empowerment, and the hierarchical position diminishes self-empowerment through hegemonic practices. Examples of horizontal

co-active power included practitioner honoring the learners' life experience and the learner using these experiences as a springboard to build and expand their abilities and horizon of expectations. Hierarchical power was observed when learners did not have the confidence to question authority and allowed the practitioner to direct their assessment or establish their training goals without taking into account their prior experience, strengths, and abilities.

Co-active power strongly suggests and reinforces the importance of equal positionality within the instructor-learner relationship. It is hoped the researcher proposed framework of co-active power can prompt practitioners to take into consideration the predisposition of the learner with respects to positionality, and their own positionality in relation to learners and to consider the instructional approaches and strategies they will introduce and employ.

Recommendations for Learners

The voiced empowering strategies to learning have been delineated by individuals during their journey of vocational rehabilitation. The learner strategies and valued outcomes toward building functional skills in the five core domains were identified by learners. There are empowering strategies that learners can employ that will change the quality of their experience. These include but are not limited to: using sleep shades to strengthen focus on tactual modality, acknowledging that the tempo of learning and living with a dual sensory loss is slower and giving oneself permission to take time, exercising self-leadership, taking deliberate time to practice newly acquired adaptive skills, learning strategies to make optimal use of vision and hearing, requesting modifications in the environment that will increase accessibility, and exploring and identifying preferred learning styles.

Gaining skills in self-advocacy was found to be a fundamental area of learning to propel self-empowerment. Availing oneself to leadership activities, joining consumer organizations, and keeping informed regarding the issues that are significant to the community can be empowering, as well as taking the lead in authoring vocational rehabilitation goals, setting expectations high, and looking to peers and the team for resources, encouragement, and support.

Learners can benefit from being informed of empowerment-based practices from the perspectives of their peers. Peer collaboration and reflective dialogue with others were powerful tools for re-considering how to navigate through the experience of vision and hearing loss. It is recommended that learners explore opportunities to support others' learning through mentorship and shared reflective dialogue. Co-learners can benefit from one another's personal narrative, experiences, and perspective. The adult learning community is rich and an empowering resource.

Lastly and importantly is the recommendation that learners provide practitioners with ongoing feedback regarding how they can best tailor the learning environment and instruction and create a positive and an equal learning partnership. The rehabilitation experience can be individualized according to the learners' particular styles of learning, learning pace, communication preferences, and desire for visual and environmental information. The learners' prior life experiences and future aspirations are valued, and learners have the power to influence the learning opportunities, activities, and instructional strategies that will shape their services.

Recommendations for Practitioners

The researcher has extracted lessons learned shared through the voices of learners to offer several recommendations to practitioners. The experiences of transitions and the changes in beliefs, attitudes, and actions undertaken by the learners have demonstrated

that vocational rehabilitation can be empowering and transformative for some learners. The six described pathways to empowerment that emerged among this small sample of learners added meaning and helped identify factors deserving of consideration by practitioners when working with individual learners. The insight revealed was a recommendation to maintain an open-mindedness to the individual's roadmap to self-empowerment. It is recommended for the practitioner not to assume that the self-empowerment experience of a learner is additive or simply a recipe of different experiences. The diversity among learners representing such differences as degree of vision and hearing, work history, educational background, and family supports can also include differences among learners as to how they may experience self-empowerment and what for them specifically might promote it. The six pathways were not intended to be exclusive but merely pointers for practitioners for thinking about, comprehending, and interpreting self-empowerment among deaf-blind learners. The pathways helped define the motivating factors and intention of each learner.

In a broad context of the field of vocational rehabilitation, listening to the voices of the learners and gaining their input regarding the design and implementation of services “embodies concepts of empowerment, consumer-directed services and self-determination” (Hein, Lustig & Urak, 2005, p. 29). Beyond the first level of change was a systems and societal paradigm shift that is awakening but needs further arousing. The complex relationship among learners, professionals, organizations, and systems presents a myriad of psychological, sociological, and epistemological perspectives (Mezirow, 1991a) to be challenged and transformed. As a practitioner, there is a role to unearth the policies and procedures that inadvertently might engage learners as disempowered partners. Learner participation beyond their development of an individualized vocational plan focused on choice, interests, talents, and abilities can be taken one step further to learner participation in the decision making and leadership of organizations and a seat at the table for legislative measures that will impact service delivery.

“What is needed are programs and institutions that support people with their quest for independence and respect, not operate to maintain the existing relations of domination and subordination” (Charlton, 2000, p. 97). Over a decade and a half later, the micro-offenses are still present. The learning space is where practitioners can work to develop rapport and relationship, respect, and reciprocity. The quality of the practitioner and learner relationship is key to learners’ self-empowerment. The foundation to successful empowerment-based learning is a practitioner-learner relationship that is authentically shaped on principles of shared power and teamwork.

The learners’ inner and outer dialogue became explicit throughout the study as the learners became introspective, reflecting back and voicing their process, their perspectives, and their experiences. This study enabled the inner dialogue of learners to gain an empowering channel to air. It is the hope and intention of the researcher that the study will be a catalyst for outer dialogue in the form of conversation with others, and beyond mere words and consciousness, and perhaps learners and practitioners together in teamwork might be compelled to act as change agents with and among family members, peers, the deaf-blind community, and the professional community at large to strengthen empowerment-based practice.

A few significant practices related to optimizing the learning environment were made explicit by learners and add additional meaning. These included the creation of a learning environment that is accessible and culturally aware with respect to the values of a touch culture. The learner-environment fit (Fawcett et al., 1994) was found to be a barrier or a gateway to empowerment-based practices.

The findings revealed six pathways to self-empowerment, and these were associated with the learners’ motivating factors (Empowerment Drivers or EDs) for engaging in vocational rehabilitation. It may be helpful to learners and professionals when working together to identity these motivating factors (EDs) so that they can be emphasized and addressed during learning opportunities. The integration of these

practices can be supportive to the learner. Some examples of the motivating factors that contributed to the learners' cultivation of self-empowerment included: gaining skills for independence, gaining skills and nuances of successful strategies for self-advocacy, gaining knowledge and access to resources and accommodations, gaining confidence to redefine relationships, having a sense of belonging among members of the deaf-blind community, and impacting social change by being part of something greater than themselves. Practitioners can look beyond the lesson at hand and seek the greater imperative to support the community of learners who are deaf-blind to achieve success, improve quality of life, and realize outcomes utilizing self-empowering practices.

Implications for Future Research

This investigative study gives rise to implications for future research. Although there are many possible directions, the following suggestions can enhance and support the conceptualization of a model for empowerment-based practices, and its role in vocational rehabilitation with deaf-blind learners and other learner sub-groups:

- (a) A cross-disability study to examine the congruency of variables associated with empowerment and the distinctive variables among the diverse groups to determine if and how these variables may be generalized across learner groups. The research thus far implies that empowerment at the individual level is context- and learner group-specific; however, there were scant studies that included diverse learning groups (for example, cross-disability or multiple learner sub-groups).
- (b) Expand current study with increased sample size and across multiple vocational rehabilitation settings to further elaborate on the findings and emergent findings of this study (i.e., six essential elements, transformative

learning outcomes, and the pathways to empowerment among learners who are deaf-blind).

- (c) Explore how empowerment may be strengthened through proactive collaborative tactics among learner groups versus oppositional tactics.
- (d) Investigate specific age groups to determine how empowerment-based practices are identified by youth, working age adults, and senior adults.
- (e) Explore via a longitudinal study how self-empowerment may extend to other levels beyond the psychological/individual level among self-empowered deaf-blind learners who have participated in a vocational rehabilitation program. Are self-empowered learners more likely to engage with others in the community context addressing collective social issues once they have mastered skills in self-advocacy? Further investigation to explore how self-empowerment is experienced among learners in the context of living in the community once having completed their participation in the vocational rehabilitation program would provide deeper understanding of how learners through community engagement enhance and demonstrate empowerment as it relates to socio-political issues relevant to the deaf-blind community.
- (f) Conduct a study to examine how the integrated model of the “7 Ps” might be implemented and examine its influence on organizational change within the context of vocational rehabilitation on the outcomes of empowerment-based practices (inclusive of learners and practitioner).

The social construction of disability is an important additional consideration for how we approach research in the area of empowerment. This study remained primarily focused on the individual; however, it is recommended that future research address the social issues of power and privilege, non-inclusion, and non-opportunity to create a more comprehensive conceptual framework of empowerment-based practice among adult learners who are deaf-blind.

Researcher Reflections

As a result of this study, this researcher has undergone changes that are evidenced by her own inner and outer dialogue. She has critically reflected on her own beliefs, values, and practices and is thankful for having gained a stronger awareness of how learners perceived their vocational rehabilitation experiences. It is a beginning of gaining insights through the learners' expressed perspectives. The aim of the study—to identify the important elements of empowerment-based practices from the 18 learners—was achieved. Although the findings are partial and incomplete, it is hoped that the voices of these learners were shared with accuracy and represent the genuine expressed perspectives of each learner. If the study happens to appeal to other practitioners and become a tool for reflection or re-examination of their own approaches, relationships, instructional content, and instructional strategies, that would be a plus. The reflective journey for one, the researcher, has been a process of deeper learning and consideration of the awesome opportunities as a practitioner working with deaf-blind learners. The researcher's position as a co-learner, listener, partner, and promoter of self-empowerment has been dislodged, and the quality of interactions among learners has changed to a more conscious and deliberate intention to being open and less assuming, with greater care taken to optimizing the moment. It is a continuous, ongoing, iterative stance to working in relation with learners. A more colorful whole-person picture was made accessible to the researcher.

As the researcher embarked upon the study, she began from a standpoint that refuted the meaning of empowerment to be perceived whereby some are in a position to empower others, that one with power gives power to one in a position of less power. The conceptualization of self-empowerment included a realization that empowerment is within the individual as a self-generating phenomenon. It is perhaps a re-focusing by the

practitioner that they have an impactful role and ability to promote that self-realization and ignite it within the learner.

Comments expressed by participants regarding their perceptions of living in a sighted hearing world as deaf-blind persons revealed moments that were quite challenging, requiring persistence and hard work. The learning curve required to change one's perspective and behavior can be steep. The experience can be likened to pushing a snowball uphill. The resistance going uphill can be the barriers to self-empowerment. Being able to move through the resistance of past habits, self-limiting beliefs, social barriers, low family expectations, cultural inhibitors to self-autonomy and self-confidence, and a lack of self-determination and control over decision making was a formidable task. As one moves the snowball up the hill, however, it begins to grow and take shape. The large ball of snow is the symbol of empowerment. The experience of having arrived at one's destination and not giving up can be self-empowering. Experiencing and acknowledging the personal evidence of the effort's impact and the return on investment of self can be empowering. Individuals described an increase and strengthening of empowerment due to its reinforcing quality: "Empowerment begets empowerment." The snowball increases with every step up the hill moving against the resistance. It is a process with repeated trials of self-determination and achieving one's goals. So the journey of the snowball can be not only an uphill journey, but marked by downhill moments where the effort, success, and support of others propel further movement up the next hill. For some learners, the learning was transformative; for others, prior life experiences had already propelled them down the pathway. For others, the focus on gaining skills for self-preservation was all-consuming. The formative change involved gaining adaptive skills for everyday routines rather than transformative, whereby a shift in meaning perspectives occurred.

There were areas not addressed in this study. Had time permitted for additional research questions to be explored, the researcher might have ventured off to other areas.

The study surfaced some atypical experiences, but they were not pursued. Further examination could have been helpful to open minds and discover the unexpected or gain additional insights. Examples might have included a closer examination of the changed meaning perspectives of learners with relationship to navigating in a tactile world. A unique area at the site frequented and enjoyed by learners is the art room. Learners engage in self-expression using a variety of mediums, such as oil painting, watercolors, clay work and sculpturing, weaving, and macramé. One learner, Tammy, expressed, “It helped me to get rid of my negative thoughts.” Inquiry regarding how engaging in art from a tactile orientation promotes transformative learning through changes in aesthetic meaning perspectives could have been explored. Art illustrations within these mediums could have been a method for learners to express their definition of empowerment. These artifacts might have brought a different perceptiveness to understanding the affective dimension of whole-person learning. The researcher fully acknowledges there is so much she does not know. The areas of future inquiry are vast, and many are untouched. In closing, the researcher would like to express her gratitude for this opportunity to learn from the participants in this study.

REFERENCES

- Abery, B. (1994). A conceptual framework for enhancing self-determination. In M. F. Hayden & B. Abery (Eds.), *Challenges for service systems in transition: Ensuring quality community experiences for persons with disabilities* (pp. 345-380). Baltimore, MD: Paul H. Brookes.
- Argyris, C., & Schon, D. (1989). *Organizational learning II: Theory, method, and practice*. Reading, MA: Addison-Wesley.
- Balcazar, F. E., Fawcett, S. B., & Hopkins, B. L. (1990). Empowering people with physical disabilities through advocacy skills training. *American Journal of Community Psychology*, 18, 281-295.
- Balcazar, F. E., Matthews, R. M., Fawcett S. B., & Seekins, T. (1994). The empowerment process in four advocacy organizations of people with disabilities. *Rehabilitation Psychology*, 39(3), 189-203.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavior change. *Psychological Review*, 84, 191-215.
- Barrington, L., Bruyère, M., & Waelder, M. (2014). Employer practices in improving employment outcomes for people with disabilities: A transdisciplinary and employer-inclusive research approach. *Rehabilitation Research, Policy, and Education*, 28(4), 208-224.
- Baumgartner, L. (2001). An update on transformational learning. *New Directions in Adult and Continuing Education*, 89, 15-24.
- Beck, R. J. (1994). Encouragement as a vehicle to empowerment in counseling: An existential perspective. *Journal of Rehabilitation*, 60, 6-11.
- Bejerholm, U., & Bjorkman, T. (2010). Empowerment in supported employment research and practice: Is it relevant? *International Journal of Social Psychiatry*, 57, 588-595.
- Bellini, J. (2003) Counselors' multicultural competencies and vocational rehabilitation outcomes in the context of counselor-client racial similarity and difference. *Rehabilitation Counseling Bulletin*, 46(3) 164-173.
- Bentley, K. J. (2000). Empowering our own: Peer leadership training for a drop-in center. *Psychiatric Rehabilitation Journal*, 24(2), 174-182.
- Bernard, J. (2010). From theory to practice: Engaging immigrant parents in their children's education. *The Alberto Journal of Educational Research*, 56(3), 319-334.

- Bjorge, H. K., Rehder, K. G., & Overas, M. O. (2018). *Haptic communication: The Helen Keller National Center's American edition of the original title Haptisk Kommunikasjon*. Sands Point, NY: Helen Keller National Center.
- Block, P., Balcazar, F., & Keys, C. (2001). From pathology to power: Rethinking race, poverty, and disability. *Journal of Disability Policy Studies*, 18-29.
- Bloomberg, L., & Volpe, M. (2008). *Completing your qualitative dissertation: A roadmap from beginning to end*, Thousand Oaks, CA: Sage.
- Boehm, A., & Staples, L. H. (2002). The functions of the social worker in empowering: The voices of consumers and professionals. *Social Work*, 47, 449-460.
- Bogart, K. R. (2015). Disability identity predicts lower anxiety and depression with multiple sclerosis. *Rehabilitation Psychology*, 60, 105-109.
- Bogart, K. R., Rottenstein, A., Lund, E. M., & Bouchard, L. (2017). Who self-identifies as disabled? An examination of impairment and contextual predictors. *Rehabilitation Psychology*, 62(4), 553-562.
- Bolton, B., & Brookings, J. (1996). Development of a multifaceted definition of empowerment. *Rehabilitation Counseling Bulletin*; 39, 1-7.
- Boss, P., & Couden, B. A. (2002). Ambiguous loss from chronic illness: Reflections after 911. *Journal of Marriage and Family*, 66, 551-556.
- Boud, D., Cohen, R., & Walker, D. (Eds.). (1993). *Using experience for learning*. Buckingham, UK & Bristol, PA: Society for Research in Higher Education and Open University Press.
- Bounous, R. (1996). Transforming the teacher-student relationship: Collaborative learning in adult education, *Dissertation Abstracts International* (University Microfilm No. AAT 9609026).
- Bransford, C. (2011). Reconciling paternalism and empowerment in clinical practice: An intersubjective perspective. *Social Work*, 56(1), 33-41.
- Breeding, R. (2008) Empowerment as a function of contextual self-understanding. *Rehabilitation Counseling*, 51(2), 96-106.
- Brodsky, A., & Cattaneo, L. B. (2013). A transconceptual model of empowerment and resilience: Divergence, convergence, and interactions in kindred community concepts. *American Journal of Community Psychology*, 52, 333-346.
- Brookfield, S. (1995). *Becoming a critically reflective teacher*. San Francisco, CA: Jossey-Bass.

- Brookfield, S. (2000). Transformative learning as ideological critique. In J. Mezirow & Associates (Eds.), *Learning as transformation* (pp. 125-148). San Francisco, CA: Jossey-Bass.
- Brookfield, S. (2005). *Discussion as a way of teaching*. San Francisco, CA: Jossey-Bass.
- Browne, C. V. (2011). Empowerment in social work practice with older women. *Social Work, 40*(3), 358-364.
- Carter, T. (2000). *Learning in relationships: A heuristic study of midcareer women's experiences in transformative learning through developmental relationships*. Unpublished doctoral dissertation, George Washington University.
- Chamberlain, J. (1997). A working definition of empowerment. *Psychiatric Rehabilitation Journal, 20*(4), 43-46.
- Charlton, J. (2000). *Nothing about us without us: Disability, oppression, and empowerment*. Berkeley: University of California Press.
- Chavis, D., & Wandersman, A. (1990). Sense of community in urban environment: A catalyst for participation and community development. *American Journal of Community Psychology, 18*, 55-81.
- Christens, B. (2012). Toward relational empowerment. *American Journal of Community Psychology, 50*(1-2), 114-128.
- Christens, B., & Lin, C. (2014). Influences of community and organizational participation, social support, and sense of community on psychological empowerment: Income as a mediator. *Family and Consumer Sciences Research Journal, 42*(3), 211-223.
- Christopher, S., Dunnagan, T., Duncan, S., & Paul, L. (2001). Education for self-support: Evaluating outcomes using transformative learning theory. *Family Relations, 50*(2), 134-142.
- Clark, C. (1999). Challenging the unitary self: Adult education, feminist theory, and nonunitary subjectivity. *Canadian Journal for the Study of Adult Education, 13*(2), 39-48.
- Cmar, J., McDonnall, M., & Markoski, K. M. (2017). In-school predictors of postschool employment for youth who are deaf-blind. *Career Development and Transition for Exceptional Individuals, 1*-11.
- Cohen, M. (1998). Perceptions of power in client worker relationships. *Families in Society, 79*, 433-442.
- Collins, C. (2001). Developing critical consciousness: A personal reflection. *Canadian Journal of Adult Education, 155*(1), 88-103.

- Collins, S., & Arthur, N. (2007). A framework for enhancing multicultural counseling competence. *Canadian Journal of Counseling, 41*(1), 31-49.
- Conger, J. A., & Kanungo, R. N. (1988). The empowerment process: Integrating theory and process. *Academy of Management Review, 13*(3), 471-482.
- Cornell University Group. (1989). *Networking bulletin: Empowerment and family support*. Ithaca, NY: Cornell University.
- Corrigan, P. (2004). Enhancing personal empowerment of people with psychiatric disabilities. *American Rehabilitation, 28*(1), 10-21.
- Cranton, P. (1994). Self-directed and transformative instructional development. *Journal of Higher Education, 65*(6), 726-744.
- Cranton, P. (1998). *No one way: Teaching and learning in higher education*. Toronto, Canada: Wall & Emerson.
- Cranton, P. (2001). *Becoming an authentic teacher in higher education*. Malabar, FL: Kreiger.
- Cranton, P. (2002). Teaching for transformation. *New Directions for Adult and Continuing Education, 93*, 63-71.
- Cranton, P. (2006). Fostering authentic relationships in the transformative classroom. *New Directions for Adult and Continuing Education, 109*, 5-13.
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Davis, J. (2000). Disability studies as ethnographic research and text: Research strategies and roles for promoting social change? *Disability & Society, 15*(2), 191-206.
- Deci, E. L., Egharariari, H., Patrick, B. C., & Leone, D. R. (1994). Facilitating internalization: The self-determination theory perspective. *Journal of Personality and Social Psychology, 53*, 1024-1037.
- Deci, E. L., Ryan, R. M., & Connell, J. P. (1989). Self-determination in a work organization. *Journal of Applied Psychology, 74*, 580-590.
- Dempsey, I., & Foremen, P. (1997). Toward a clarification of empowerment as an outcome of disability service provision. *International Journal of Disability, Development and Education, 44*, 287-303.
- Denzin, N. K., & Lincoln, Y. (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Dewey, J. (1938). *Experience and education*. New York, NY: Collier Books.

- Dirkx, J. M. (1997). Nurturing the soul in adult learning. In P. Cranton (Ed.), *Transformative learning in action: Insights from practice* (New Directions for Adults and Continuing Education). San Francisco, CA: Jossey-Bass.
- Dirkx, J. M. (2008). The meaning and the role of emotions in adult learning. *New Directions for Adult and Continuing Education*, 120, 7-18.
- Drury, J., Cocking, C., Beale, J., Hanson, C., & Rapley, F. (2005). The phenomenology of empowerment in collective action, *British Journal of Social Psychology*, 44, 309-328.
- Ehrlich, L. C. (2010). Shall we dance? The story of the radiance dance project. *Australian Journal of Adult Learning*, 50, (2) 239-259.
- Eisner, E. W. (1991). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. New York, NY: McMillan.
- Emener, W. G. (1991) An empowerment philosophy for rehabilitation in the 20th century. *Journal of Rehabilitation*, 57, 7-12.
- Everett, J., Homstead, K., & Drisko, J. (2007). Frontline worker perceptions of empowerment process in community-based agencies. *Social Work*, 52(2), 161-170.
- Fawcett, S. B., White, G. B., Suarez-Balcazar, Y., Mathews, R. M., Paine-Andrews, A. L., Seekins, T., & Smith J. F. (1994). A contextual-behavioral model of empowerment: Case studies involving people with physical disabilities. *American Journal of Community Psychology*, 22, 471-496.
- Federal Communications Commission. (2011, April 6). *News media*. Available online at: <http://www.FCC.gov>
- Ferris, J. (1999). *Empowerment training: An exploratory study of the impact on traditional case outcome measures in vocational rehabilitation* (Doctoral dissertation, Michigan State University). (AT 9948102)
- Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. (2012). Delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, 56(3), 146-159.
- Frain, E. H., Bishop, M., & Tschopp, M. K. (2009). Empowerment variables as predictors of outcomes in rehabilitation. *Journal of Rehabilitation*, 75(1), 27-35.
- Frank, S. L. (2005). Transformative learning: The transformative experiences of workers who support people with disabilities (Dissertation, University of Alberta, Canada). (ProQuest Dissertations Publishing No. AT MR07993)

- Freire, P. (1970). The adult literacy process as cultural action for freedom. *Harvard Educational Review*, 40(4), 205-225.
- Freire, P. (1972). *Pedagogy of the oppressed*. Harmondsworth, England: Penguin.
- Freire, P. (1973). *Education for critical consciousness*. Cambridge, MA: Harvard University Press.
- Freire, P. (2000). *Pedagogy of the oppressed* (30th anniv. ed.). New York, NY: Continuum.
- Galvin, R. (1996). Researching the disabled identity: Contextualizing the identity transformations which accompany the onset of impairment. *Sociology of Health and Illness*, 27(3), 393-413.
- Giddens, G. (1998). *Visions of jazz: The first century*. New York, NY: Oxford University Press.
- Giorgi, A. (2006). Concerning variations in the application of phenomenological method. *The Humanistic Psychologist*, 34(4), 305-319.
- Graffam, J., & Naccarella, L. (1999). Disposition toward employment and perspectives on the employment process held by clients with psychiatric disabilities. *Australian Disability Review*, 3, 3-15.
- Groce, N. E. (1983). *Hereditary deafness on the island of Martha's Vineyard: An ethnohistory of a genetic disorder* (Doctoral dissertation, Brown University). (AT8325981)
- Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation: Improving the usefulness of evaluation results through response and naturalistic approaches*. San Francisco, CA: Jossey-Bass.
- Hahn, H. (1991) Alternative views of empowerment: Social services and civil rights. *Journal of Rehabilitation*, 57, 7-19.
- Hampton, N. Z. (2004). Subjective well-being among people with spinal cord injuries: The role of self-efficacy, perceived social support and perceived health. *Rehabilitation Counseling Bulletin*, 48, 31-37.
- Hayden, M. F., & Abery, B. (Eds.). (1993). *Challenges for service systems in transition: Ensuring quality community experiences for persons with disabilities*. Baltimore, MD: Paul H. Brookes.
- Hayes, J., & Hannold, E. (2007, Winter). The road to empowerment: A historical perspective on the medicalization of disability. *JHHSA*, 352-377.

- Hein, S., Lustig, D. C., & Urak, A. (2005). Consumers' recommendations to improve satisfaction with rehabilitation services: A qualitative study. *Rehabilitation Counseling Bulletin, 49*(1), 29-39.
- Helen Keller National Center for Deaf-Blind for Deaf-blind Youths and Adults. (2002). Usher Syndrome, understanding Usher Syndrome: An introduction for school counselors. Sands Point, NY: Author.
- Hill, L. H. (2001). The brain consciousness: Sources of information for understanding adult learning. In S. B. Merriam (Ed.), *The new update on adult learning theory* (pp. 73-82) (New Directions for Adult Continuing Education). San Francisco, CA: Wiley On-line Library.
- Hoggan, C. (2016). Transformative learning as a metatheory: Definition, criteria, and typology. *Adult Education Quarterly, 40*, 57-75.
- Hoggan, C., Malkki, K., & Finnegan, F. (2017). Developing the theory of perspective transformation, continuity, intersubjectivity, and emancipatory praxis. *Adult Education Quarterly, 67*(1), 48-64.
- Hollander, E. P., & Offerman, L. R. (1990). Power and leadership in organizations: Relationships in transition. *American Psychologist, 45*, 179-189.
- Honey, A. (1999). Empowerment vs. power: Consumer participation in mental health services. *Occupational Therapy International, 64*(4), 257-276.
- Hough, M., & Paisley, K. (2008). An empowerment theory approach to adventure programming for adults with disabilities. *Therapeutic Recreation, 42*(2), 89-102.
- Houser, R., Hampton, N., & Carriker, C. (2000) Implementing the empowerment concept in rehabilitation: Contributions of social role theory. *Journal of Applied Rehabilitation Counseling, 31*(2), 18-23.
- Houtenville, A., & Brucker, D. L. (2014). Participation in safety-net programs and utilization of employment services among working-age persons with disabilities. *Journal of Disability Policy Studies, 25*(2), 91-105.
- Hughey, J., Peterson N. A., Lowe, J. B., & Oprescu, F. (2008). Empowerment and a sense of community: Clarifying their relationship in community organizations. *Health and Education and Behavior, 35*(5), 651-663.
- Inglis, T. (1997). Empowerment and emancipation. *Adult Education Quarterly, 48*, 3-17.
- Inglis, T. (1998). A critical realist approach to emancipation: A response to Mezirow. *Adult Education Quarterly, 49*, 72-76.
- Klein, A., & Cnaan, R. (1995). Practice with high risk clients: Families in society. *Journal of Contemporary Human Services, 76*(4), 203-212.

- Knowles, M. (1980). *The modern practice of adult education: From pedagogy to andragogy* (revised and updated). Englewood Cliffs, NJ: Cambridge Adult Education.
- Kosciulek, J. F. (2005). Structural equation model of the consumer directed theory of empowerment in vocational rehabilitation context. *Journal of Rehabilitation Counseling Bulletin*, 49(1), 40-50.
- Kosciulek, J. F., & Merz, M. (2001). Structural analysis of consumer-directed theory of empowerment. *Rehabilitation Counseling Bulletin*, 44(4), 209-216.
- Kosciulek, J., Vessell, R., Rosenthal, D., Accardo, C., & Merz, M. (1997). Consumer satisfaction with vocational rehabilitation services. *Journal of Rehabilitation*, 63(2), 5-9.
- Kosciulek, J. F., & Wheaton, J. E. (2003). Rehabilitation counseling with individuals with disabilities: An empowerment framework. *Rehabilitation Education*, 17, 207-214.
- Lam, Y. W. (2015). *The effects of identity and psychological empowerment on accommodation usage and achievement for college students with disabilities* (Doctoral dissertation, University of California, Santa Barbara). Available from ProQuest Dissertations and Theses database. (UMI No. 10011389)
- Lange, E.A. (2004). Transformative and restorative learning: a vital dialectic for sustainable societies. *Adult Education Quarterly*, 54 (2), 121-139.
- Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lloyd, A. S. (1972). Freire, conscientization, and adult education. *Adult Education*, 23(1), 3-20.
- Lustig, D. C., Strauser, D. R., Rice, N. D., & Ruckeer, T. F. (2002). The relationship between working alliance and rehabilitation outcomes. *Rehabilitation Counseling Bulletin*, 46, 25-33.
- Malkki, K. (2012). Rethinking real-life crisis: The role of reflection in negotiating emotionally chaotic experiences. *Adult Education Quarterly*, 62, 207-229.
- Mann, H. H. (2006). Empowerment in terms of theoretical perspectives: Exploring a typology of the process and components across disciplines. *Journal of Community Psychology*, 34(5), 523-540.
- Marienau, C. (1999). Self-assessment at work: Outcomes of adult learners' reflections on practice. *Adult Education Quarterly*, 49(3), 135-146.
- Maxwell, J. (2005). *Qualitative research design* (2nd ed.). Thousand Oaks, CA: Sage.

- McDonald, B., Cervero, R., & Courtenay, B. (1999). An ecological perspective in transformational learning: A study of ethical vegans. *Adult Education Quarterly*, 50(1), 5-23.
- McWhirter, E. H. (1991). Empowerment in counseling. *Journal of Counseling and Development*, 69(3), 222-227.
- Merriam, S. B. (1998). *Qualitative researching case study applications in education*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B., Courtney, B. C., & Reeves, P. M. (1998). The centrality of meaning making in transformational learning: How HIV-positive adults make sense of their lives. *Adult Education Quarterly*, 48(2), 65-82.
- Merriam, S. B., Mott, V. W., & Lee, M. (1996). Learning that comes from the negative interpretation of life experience. *Studies from Continuing Education*, 18(1), 1-23.
- Mest, G. M. (1988). With a little help from my friends: Use of social support systems by persons with retardation. *Journal of Social Issues*, 44, 117-125.
- Mezirow, J. (1990). How critical reflection triggers transformative learning. In J. Mezirow (Ed.), *Fostering critical reflection in adulthood* (pp. 1-20). San Francisco, CA: Jossey-Bass.
- Mezirow, J. (1991a). Transformation theory and cultural context: A reply to Clark and Wilson. *Adult Education Quarterly*, 41, 188-192.
- Mezirow, J. (1991b). *Transformative dimensions of adult learning*. San Francisco, CA: Jossey-Bass.
- Mezirow, J. (1994). Understanding transformative theory. *Adult Education Quarterly*, 44(4), 222-232.
- Mezirow, J. (1995). Transformation learning: Theory to practice. In P. Cranton (Ed.), *Transformative learning in action: Insights from practice* (pp. 5-12) (New Directions for Adult Continuing Education, No. 74). San Francisco, CA: Jossey-Bass.
- Mezirow, J. (1998). Transformative learning and social action: A response to Inglis. *Adult Education Quarterly*, 49(1), 70-73.
- Mezirow, J. (2000). *Learning as transformation*. San Francisco, CA: Jossey-Bass.
- Miguel, C., Ornelas, J. H., & Maroco, J. P. (2015). Defining psychological empowerment construct: Analysis of three empowerment scales. *Journal of Community Psychology*, 43(7), 900-915.

- Miles, M. B., & Huberman, A.M. (1994). *Qualitative data analysis, an expanded resource*, Thousand Oaks, CA: Sage
- Miller R. J. (1994). Promoting post-secondary education for high school-aged youth with disabilities: A model of empowerment. *Rural Special Education Quarterly*, 13(1), 57-63.
- Molloy College. (2015). *Helen Keller National Center feasibility review: The Community Research Institute at Molloy College*. Hempstead, NY: Molloy College, Dept. of Sociology.
- Nario-Redmond, M. R. (2016). Disability group identification and disability: Rights advocacy contingencies among emerging and other adults. *Emerging Adulthood*, 4, 207-218.
- Neuman, T. P. (1996). *Critically reflective learning in a leadership development context* (Unpublished doctoral dissertation, University of Wisconsin, Madison).
- Nicolaides, A., & Yorks, L. (2008). An epistemology of learning through. *Emergence: Complexity and Organization*, 10(1), 50-60.
- Niesz, T., Koch, L., & Rumrill, P. (2008). The empowerment of people with disabilities through qualitative research. *Work*, 31, 113-125.
- Ozer, E., & Bandura, A. (1990). Mechanisms governing empowerment effects: A self-efficacy analysis. *Journal of Personality and Social Psychology*, 58, 472-468.
- Parent, W. (1996). Consumer choice and satisfaction in supported employment. *Journal of Vocational Rehabilitation*, 6, 23-30.
- Parker, A., & Nelson, C. (2016). Toward a comprehensive system of personnel development in deafblind education. *American Annals of the Deaf*, 161(4), 486-501.
- Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. *American Journal of Community Psychology*, 23(5), 569-579.
- Perkins, R. E. (1996). Rejecting therapy: Using our communities. In E. D. Rothblum & L. A. Bond (Eds.), *Preventing heterosexism and homophobia* (pp. 71-83). Thousand Oaks, CA: Sage.
- Peterson, N. A. (2014). Empowerment theory: Clarifying the nature of higher order multidimensional constructs. *American Journal Community Psychology*, 53, 96-108.

- Peterson, N. A., Hamme, C. L., & Speer, P. W. (2002). Cognitive empowerment of African Americans and Caucasians: Differences in understanding of power, political functioning and shaping ideology, *Journal of Black Studies*, 32, 336-351.
- Peterson, N. A., & Zimmerman, M. A. (2004). Beyond the individual: Toward a nomological network of organizational empowerment. *American Journal of Community Psychology*, 34(1), 129-145.
- Petroff, J. (2010). A national transition follow-up study of youth with deaf-blindness: Revisited. *AER Journal: Research and Practice in Visual Impairment and Blindness*, 3, 132-138.
- Petroff, J., Pancsofar, N., Caceres, J., Lazarus, G., & Stoner, V. (2017). *Post-school outcomes for youth with deaf-blindness*. Paper presented at the DeafBlind International Conference, Cape Cod, MA.
- Power, P. (2006). Operationalizing the concept of empowerment during the vocational assessment. *Journal of Applied Rehabilitation Counseling*, 37(2), 21-25.
- Pratti, G., & Zani, B. (2013). The relationship between psychological empowerment and organizational identification. *Journal of Community Psychology*, 41, 851-866.
- Pratto, F. (2016). On power and empowerment. *British Journal of Social Psychology*, 55, 1-20.
- Pruett, S. R., Swett, E. A., Chan, F., Rosenthal, D. A., & Lee, G. K. (2008). Empirical evidence supporting the effectiveness of vocational rehabilitation. *Journal of Rehabilitation*, 74(2), 56-63.
- Punch, R., Hyde, M., & Power, D. (2007). Career and workplace experiences of Australian university graduates who are deaf or hard of hearing. *Journal of Deaf Studies and Deaf Education*, 12(4), 505-517.
- Punch, R., Hyde, M., & Power, D. (2016). Employment and adults who are deaf or hard of hearing: Current status and experiences of barriers, accommodations and stress in the workplace. *American Annals of the Deaf*, 161(3), 384-397.
- Rappaport, J. (1981) In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1-25.
- Rappaport, J. (1984). Studies in empowerment: Introduction to the issue. *Prevention in Human Services*, 3, 1-7.
- Rappaport, J. (1987). Terms of empowerment/exemplars in prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 9, 1-25.

- Rappaport, J. (1990). Research methods and the empowerment social agenda. In P. Tolan, C. Keys, F. Chertok, & L. Jason (Eds.), *Researching community psychology: Integrating theories and methodologies* (pp. 51-63). Washington, DC: American Psychological Association.
- Rappaport, J. (1995). Empowerment meets narrative: Listening to stories and creating settings. *American Journal of Community Psychology*, 23(5), 795-808.
- Rehabilitation Services Administration (RSA). (2009). *911 database*.
- Remer, P., & O'Neil, C. (1980). Clients as change agents: What color could my parachute be? *Personal and Guidance Journal*, 58, 425-429.
- Richards, L., & Morse, J. M. (2007). *User's guide to qualitative methods*. Thousand Oaks, CA: Sage.
- Riger, S. (1993). What's wrong with empowerment? *American Journal of Community Psychology*, 21(3), 279-291.
- Robertson, D. L. (1996). Facilitating transformative learning: Attending to the dynamics of the educational helping relationship. *Adult Education Quarterly*, 47(1), 41-53.
- Rocco, T. S., & Delgado, A. (2011). Shifting lenses: A critical examination of disability in adult education. *New Directions for Adult & Continuing Education*, 132, 3-11.
- Rodgers, R., & Hammerstein, O. (1959). Sound of Music. In *visions of jazz: The first century* (p. 287). New York, NY: Oxford University Press.
- Rogers, E. S., Chamberlain, S., Ellison, M. L., & Cream, T. (1997). A consumer-constructed scale to measure empowerment among users of mental health services. *Psychiatric Services*, 48, 1042-1047.
- Rogers, S., Teague, G., Lichenstein, C., Campbell, J., Lyass, A., Chen, R., & Banks, S. (2007). Effects of participation in consumer-operated service programs on both personal and organizationally mediated empowerment: Results of a multisite study. *Journal of Rehabilitation and Research*, 44, 785-800.
- Saavedra, E. R. (1995). *Teacher transformation: Creating text and contexts in study groups*. Unpublished doctoral dissertation, University of Arizona.
- Sanford, C., Newman, L., Wagner, M., Cameto, R., Knokey, A. M., & Shaver, D. (2011). *The post high school outcomes of young adults with disabilities up to 6 years after high school: Key findings from the National Longitudinal Transition Study-2 (NLTS2) (NCSE 2011-3004)*. Menlo Park, CA: SRI International.
- Sansing, W. (2006). *Prevalence of persons aging with dual sensory loss*. Paper presented at Creating Roads to Independence for Persons Aging with Hearing and Vision Loss Conference, Atlanta, GA.

- Saunders, J. L., Leahy, M., & Frank, K. A. (2000). Improving the employment self-concept of persons with disabilities: A field-based experiment. *Rehabilitation Counseling Bulletin*, 43(3), 142-149.
- Savage, T., Harley, D., & Nowak, T. (2005). Applying social empowerment strategies as tools for self-advocacy in counseling lesbian and gay male clients. *Journal of Counseling and Development*, 3, 131-137.
- Schlossberg, N. K., Waters, E. B., & Goodman, J. (1995). *Counseling adults in transition: Linking practice with theory*. New York, NY: Springer.
- Schwartz, S. E., & Rhodes, J. E. (2016). From treatment to empowerment: New approaches to youth mentoring. *American Journal of Community Psychology*, 58, 150-157.
- Scorgie, K., Kildal, L., & Wilgosh, L. (2010). Post-secondary students with disabilities: Issues related to empowerment and self-determination. *Developmental Disabilities Bulletin*, 38, 133-145.
- Scorgie, K., Wilgosh, L. & Sobsey, D. (2004) the experience of transformation in parents of children with disabilities. *Developmental Disabilities Bulletin*, 32(1), 84-110.
- Scorgie, K., Wilgosh, L., & McDonald, L. (1996) A qualitative study of managing life when a child has a disability. *Developmental Disabilities Bulletin*, 24(2), 68-90.
- Seekins, T., Fawcett S. B., & Matthews, R. M. (1986). Effects of self-help guides on three consumer advocacy skills: Using personal experiences to influence public policy. *Rehabilitation Psychology*, 32, 29-38.
- Seidman, I. (2006). *Interviewing as qualitative research*. New York, NY: Teachers College Press.
- Seligman, M. (1992) *Helplessness*. San Francisco, CA: Freeman & Co.
- Shaw, L. (2005) *Empowering consumers toward greater participation in the rehabilitation process*. London, Canada: University of Western Ontario.
- Shaw, L., McWilliam, C., Sumsion, T., & MacKinnon, J. (2007). Optimizing environments for consumer participation and self-direction in finding employment. *OTJR: Occupation, Participation and Health*, 27(2), 59-70.
- Shaw, L., Sumsion, T., McWilliam, C. L., & MacKinnon, J. (2004). Service provider perspectives on including consumers in the vocational rehabilitation process. *Journal of Vocational Rehabilitation*, 21, 123-136.
- Shellman, A. (2014). Empowerment and experiential education: A state of knowledge paper. *Journal of Experiential Education*, 37(1), 18-30.

- Sipos, Y., Battisti, B., & Grimm, K. (2008). Achieving transformative learning: Engaging head, hands and heart. *International Journal of Sustainability in Higher Education*, 9(1), 68-86.
- Sloan, C., & Wilgosh, L. (2005). Transformational outcomes for individuals with spinal cord injuries. *International Journal of Disability Community and Rehabilitation*, 4(2), 1-18.
- Smith, J., & Firth, J. (2011). Qualitative data analysis: The framework approach. *Nurse Researcher*, 18(2), 52-62.
- Sokol, A., & Cranton, P. (1996). Transforming, not training. *Adult Learning*, 9(3), 14-16.
- Speer, P. W., & Peterson, N. A. (2000). Psychometric properties of an empowerment scale: testing cognitive, emotional and behavioral domains. *Social Work Research*, 24(2), 109-118.
- Sprague, J., & Hayes, J. (2000). Self-determination and empowerment: A feminist standpoint analysis of the talk about disability. *American Journal of Community Psychology*, 28(5), 671-695.
- Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Sue, S., & Zane, N. (1980). Learned helplessness theory and community psychology. In M. S. Gibbs, J. R. Lachenmenje, & J. Sigal (Eds.), *Community psychological theoretical empirical approaches*. New York, NY: Gardner.
- Sui, Z. (2017). *Prevalence of employment of individuals with combined hearing and vision loss, ages 18-64*. Unpublished data analyses from the American Community Survey 2011-2015 Five Year Public Use Microdata Sample.
- Sziros, S. E., & Griffiths, E. (1990). Group processes involved in coming to terms with a mentally retarded identity. *Mental Retardation*, 28, 333-341.
- Taylor, E. (2000). Fostering Mezirow's transformative learning theory in the adult education classroom: A critical review. *Canadian Journal for the Study of Adult Education*, 14(2), 1-28.
- Taylor, K., Marienau, C., & Fiddler, M. (2000). *Developing adult learners: Strategies for teachers and trainers*. San Francisco, CA: Jossey-Bass.
- Tenant, M. (1993). Perspective transformation and adult development. *Adult Education Quarterly*, 44(1), 34-42.
- Thornton, B., Mattocks, T. C., & Thornton, L. (2001). Empowerment: A method of motivating adult learners. *Journal of Adult Education*, 29, 1-10.

- Tschopp, M., Frain, M., & Bishop, M. (2009). Empowerment variables for rehabilitation clients on perceived beliefs concerning work quality of life domains. *Work*, 33, 59-65.
- Vogelsan, M. R. (1993). *Transformative experiences of female adult students*. Unpublished doctoral dissertation, Iowa State University.
- Warren, M. (1992). Democratic theory and self-transformation. *American Political Science Review*, 86, 8-23.
- Wehmeyer, M. L. (1994). Perceptions of self-determination and psychological empowerment of adolescents with mental retardation, *Education and Training in Mental Retardation and Development Disorders*, 29, 9-21.
- Wehmeyer, M. L. (2003). Self-determination, vocational rehabilitation and workplace supports. *Journal of Vocational Rehabilitation*, 19, 67-69.
- Wehmeyer, M. L., & Gragoudas, S. (2004). Centers for independent living and transition age youth: Empowerment and self-determination. *Journal of Vocational Rehabilitation*, 20, 53-58.
- Wernick, L., Kulick, A., & Woodford, M. (2014). How theatre within a transformative organizing framework cultivates individual and collective empowerment among LGBTQ youth. *Journal of Community Psychology*, 42(7), 838-853.
- West, M., & Parent, W. S. (1992). Consumer choice and empowerment in supported employment services: Issues and strategies. *Journal of the Association for Persons with Severe Handicaps*, 17, 47-52.
- Whyte, W. F. (1991). *Participatory action research*. Newbury Park, CA: Sage.
- Wiesenberg, F., & Aghakhani, A. (2007). An exploration of graduate students' career transition experiences. *Journal of Counseling*, 41(2), 107-123.
- Wilgosh, L., Scorgie, K., Sobsey, D., & Cey, R. (2010). Quality of life and empowerment issues for post-secondary students with physical and learning disabilities. *Developmental Disabilities Bulletin*, 38, 111-131.
- Wilgosh, L., Sobsey, D. K., & Cey, R. & Scorgie, K. (2008). Life management of post-secondary students with disabilities. *Developmental Disabilities Bulletin*, 36(1-2), 199-224.
- Wilson, R. J., Abram, F. Y., & Anderson, J. L. (2010). Exploring a feminist-based empowerment model of community building. *Qualitative Social Work*, 9, 519-535.
- Wolfensberger, W. (1983). Social role valorization and, or versus, "empowerment." *Intellectual and Developmental Disabilities*, 49, 469-476.

Workforce Innovation and Opportunity Act; State Vocational Rehabilitation Services Program , 81 Fed. Reg. 55630 (August 19, 2016) (to be codified at 34 C.F. R. pt. 361).

Yorks, L., & Kasl, E. (2002). Toward a theory for whole-person learning: Re-conceptualizing experience and the role of affect. *Adult Education Quarterly*, 52(3), 176-192.

Zimmerman, M. A. (1990a). Taking aim on empowerment research: On the distinction between individual and psychological conceptions. *American Journal of Community Psychology*, 18, 169-177.

Zimmerman, M. A. (1990b). Toward a theory of learned hopelessness: A structural model analysis of participation and empowerment. *Journal of Research in Personality*, 2(4), 71-86.

Zimmerman, M. A. (1995). Psychological empowerment: issues and illustrations. *American Journal of Community Psychology*, 23(5), 581-599.

Zimmerman, M. A., Israel, B., Schultz, A., & Checkoway, B. (1992). Further explorations in empowerment theory: An empirical analysis of psychological empowerment. *American Journal of Community Psychology*, 20, 707-727.

Zimmerman, M. A., & Rappaport, J. (1988). Citizen participation, perceived control and psychological empowerment. *American Journal of Community Psychology*, 16, 725-750.

Zimmerman, M. A., & Warschausky, S. (1998). Empowerment theory for rehabilitation research: Conceptual and methodological issues. *Rehabilitation Psychology*, 43, 3-16.

Appendix A

Interview Protocol

New York NY 10027

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Name: (pseudonym will be used followed by numbers 1 or 2 to identify an individual's identified culture. For example, a 1 (Allison 1) is a person who identifies as culturally Deaf, followed by B1 (Betty 1) for second interviewee who is culturally Deaf. Culturally deaf participants will have pseudonyms beginning with the letters A-K. Letters L2 – Z2 will be used for individuals who are members of the hearing culture.

Name – coded -

Date –

Interview protocol—semi-structured in depth interviews

Introduction: Thank you for agreeing to participate in this interview. Your responses in the interview will help me with my doctoral dissertation. I am trying to learn about your learning experiences and opportunities as a participant in a vocational rehabilitation program. I am interested in what you and others have learned and how you experience empowerment.

I want to share with you that your participation in this interview is completely voluntary and if at any time you have a desire to end the interview and withdraw from the study you may absolutely do so. Taking part in this interview will not impact you or your continued services at HKNC in any way either positively or negatively. This information will be kept in strict confidence and will not be shared with any members of your transdisciplinary team. Your responses will be included in my doctoral dissertation and will be shared with my Committee at Teachers College, Columbia University and will eventually be published. The findings may also be published in an article in a professional journal or included in a professional training activity. It is important to understand that your name will be changed to protect your identity and any identifying

information will be omitted from all documentation including the final report. I am interested in your input. Your responses to the questions will help me learn. I am interested in finding out what was meaningful to you during your training and how you experienced a feeling of self-empowerment. Some people have described empowerment as having control over their life. I am interested in learning what empowerment means to you as you participated in a vocational rehabilitation program. Were their instructional practices or experiences that you had that supported or strengthened your empowerment? This study wants to offer you and others who are participating in services the opportunity to have input (to have a “voice”) regarding how services might be developed and implemented. I cannot put myself in your shoes; however, I am going to listen to your thoughts, ideas and reflections in hopes to gain a better understanding of what matters to you about your training and what brings you to a sense of confidence, empowerment, and success.

Questions

1. Tell me about yourself, what was it like for you growing up? What led you to participate in this vocational rehabilitation program?

2. Can you share information about your vision and hearing loss with me? About your preferred method communication? Can you describe the best way to provide you with visual and auditory information that may not be accessible to you?

3. What have you learned as a result of your participation in the program? Can you also describe how you learned this? What do you do that helps you learn?

4. What stands out for you? What is a highlight? Why do you consider this a highlight?

5. Can you select one - as a result my training I have changed 1) my attitude 2) my expectations about my future 3) the way I do things 4) how I see myself 4) I have not experienced any changes. Can you comment on your response?

6. What does your instructor do that helps you learn? What does your instructor do that empowers you? What about your instructional team?

7. How would you describe self-empowerment?
When do you feel most empowered? When do you feel disempowered?

8. Are there moments or situations during your training when you felt empowered? Can you describe these for me?

9. Can you describe your communication training? What was it like for you to learn a new way to communicate? What can others do ensure communication is accessible to you? When can communication with others feel disempowering?

10. Can you describe another area of instruction that was important to you? What did you learn that was empowering? What did your instructor do that supported your sense of empowerment? What did they avoid doing that supported your sense of empowerment?

11. How has the experience of a vision and/or hearing loss changed your life? your relationships with others? How would you describe relationships that empower you?

12. What is important for people to know about you when working together with you? What were the qualities of an excellent instructor? How would you describe your relationship with this instructor?

13. What other types of experiences empower you?

14. If you could advise a professional working in this field what would you tell them?

It is time for us to close this discussion. Do you have any last comments or questions for me?

Thank you very much for your thoughtful comments and willingness to participate in this interview. It has been a pleasure and a privilege to have this opportunity.

Appendix B

Participant Questionnaire/Survey

Date_____

1. Name _____ (your name will be changed and coded and this document will be destroyed immediately after coding is completed.)
2. Length of time in training _____
3. Preferred Communication Method _____
4. Has your preferred communication method changed as a result of a change in your vision or hearing? _____, can you explain?

5. How do you describe yourself?
A) Deaf –blind; B) Deaf with low vision; C) Hard of hearing, D) Blind;
E) Hard of hearing with Low vision; Other _____
6. Can you describe your cultural background?

7. Can you briefly describe your training experience? What are you learning? And how are you learning this?

8. How would you describe self-empowerment?

Thank you.

Appendix C

Informed Consent for Adult Learners

Teachers College, Columbia University
525 West 120th Street
New York NY 10027
212 678 3000
www.tc.edu

DESCRIPTION OF THE RESEARCH: Thank you for your consideration to contribute to a research study aimed at understanding more about your experiences and the experiences of others while participating in a vocational rehabilitation program. You are invited to participate in a research study titled “An Empowerment- based Practice towards Rehabilitation” conducted by Susan Ruzenski, a doctoral student in Adult Learning and Leadership program at Teacher’s College, Columbia University. Your participation is completely voluntary. It is entirely your choice whether to participate or not. This activity is separate from your training and will not affect you or the services you receive either positively or negatively. The purpose of this study is to inform vocational rehabilitation professionals and others in the field about the perspectives held by people who are deaf-blind regarding their rehabilitation services and the outcomes of these services. You will be asked questions about what you have learned how you have learned these things. Questions will aim to discover what instructional practices and experiences were empowering during your participation in the vocational rehabilitation program. If you decide to participate in this study you will be asked to do the following: complete a brief survey that requires about fifteen minutes to complete asking you for some background information, and participate in either a face to face or telephone interview. Susan Ruzenski will conduct the interview. The interview will require a commitment of 90 minutes. The interview will be audio taped and transcribed word for word to ensure accuracy of what is conveyed and support the researcher, Susan Ruzenski in understanding what is shared. You will have the opportunity to review a summary of your responses to ensure that your meaning is accurately captured and understood. The audiotapes will be destroyed upon completion of the transcription. A follow up discussion may occur requiring a commitment of 15-30 minutes to clarify some of your statements, gain additional details or ask additional questions. Your involvement in this study will be kept confidential and your name will be changed in any documents produced including the final report. There will be no specific information shared that may reveal your identity in the report. The findings of the study will be published in a dissertation document and may also in the future be published in a professional journal. It is possible that the findings of this research will be shared at a professional conference or during a future professional training activity.

The activities of this study will take place in the library or resource room at the Helen Keller National Center to avoid any interruptions and will not take place during scheduled training periods. The interview will take place after classes at a convenient time for you.

Interpreters are available to you if you prefer to use one during any activity; including interview or follow up meeting. An interpreter is available to ensure complete understanding of this consent form. If you have any questions, please share them and I will answer them. It is important that you have a complete understanding of the purpose of this study and what you are being asked to do as a participant.

If your primary language is American Sign Language a Sign Language Interpreter will be available. The interpreter will be chosen from the Interpreting Department at the Helen Keller National Center. The interpreters are bound to a Code of Ethics to maintain confidentiality of any interpreted information. Strict adherence to the Code of Ethics will be followed by the interpreter,

similar to any activity, class or event when you might utilize an interpreter while participating in the program. This is the professional standard and it will be maintained.

RISKS AND BENEFITS: Any research study can present risks to participants even though they may be minor. The foreseeable risks of this study for you is that you may have other important priorities that are occurring as a participant in the program and feel pressured. If at any time you are feeling stressed or uncomfortable you may quit the interview. If you become upset for any reason LH is available to you for further discussion or if you prefer to meet with another staff person, please let me know. You can withdraw at any time during the study if you feel stressed, uncomfortable or become disinterested with absolutely no consequence. Your program will not be affected in any way either positively or negatively, by your participation. This is considered a separate activity outside the scope of your training and your decision to agree or reject the invitation or withdraw from the study is absolutely acceptable and entirely up to you.

Even though the researcher is taking careful steps to ensure your confidentiality, such as changing your name and not including any information about you that could identify you, there is a possibility that confidentiality could be breached. The study is taking place at an organization (HKNC) that is well known around the country for providing rehabilitation services and as you know the deaf-blind community is relatively small. It is possible that someone could identify you however this is very unlikely. In addition to personal identifying information being omitted, the researcher will use several other strategies to protect your confidentiality. Information will be masked (changed to hide information that may provide traces of identifying information), or combined with other information to further protect confidentiality.

The interview will take require about 90 minutes of your time. If you become tired during the interview or focus group, please feel free to request a break when necessary. During the interview if there is a question asked that you do not understand please ask for it to be re-phrased or repeated. If there is a question you are not comfortable answering you can simply say "I pass" and this will be respected. Your responses are valued and please understand that any responses are welcomed and they will in no way influence the services you are receiving

There is no direct benefit to you for participating in this study. A possible indirect benefit you may have associated with this study is an opportunity to tell your story and share meaningful experiences with the researcher which may contribute to the recommendations and support the learning of others in the field of vocational rehabilitation. An additional benefit may be that you build advocacy skills or gain insights about your training experiences through the process.

PAYMENTS: As a way to show my appreciation for your willingness to participate and the time commitment you have made to participate in this study you will receive a gift card for \$20.00 and a personal note of thanks.

DATA STORAGE TO PROTECT CONFIDENTIALITY: The investigator will preserve your confidentiality by changing your name and using a pseudonym in all documents pertaining to the study. A coding procedure will be used to identify you as either a person who self reports being a member of the Deaf culture or "hearing culture". There will be no specific identifying information that will be used that might reveal your identity such as your hometown or age or gender. The questions asked will not ask you to provide any medical information. You will be asked to describe your functional vision and hearing and how a loss of vision and/or hearing has impacted your daily life. The data collected will be stored in a locked file cabinet in the researcher's home and will be shredded upon completion of the report. The findings of the study will be published in a dissertation and may be used at future conferences or published in articles in professional journals. The researcher may utilize direct quotes from the comments you made during the interview or focus group to support findings and the reader's understanding. Your name will be changed and any other identifying information will not be included in the report or other publications.

During the analysis of the information (data) a specific method will be used to analyze your individual comments and an analysis across all participants will also be conducted. Direct quotes may be used however there will be special measures taken to ensure your identity is kept confidential.

TIME INVOLVEMENT: Your participation will take approximately 15 minutes for the initial survey, 90 minutes for participation in the interview and an additional 15-30 minutes for a follow up meeting. The total amount of time is 135 minutes.

HOW WILL RESULTS BE USED: The results of the study will be published in a dissertation document and may be used during conferences or published in a professional journal at some later date for educational purposes. In addition, the researcher may use findings for the purpose of professional training

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PARTICIPANT'S RIGHTS

Principal Investigator: Susan Ruzenski

Research Title: An Empowerment-based Practice towards Vocational Rehabilitation

- I have read and discussed the Research Description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.
- My participation in research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status or other entitlements.
- The researcher may withdraw me from the research at his/her professional discretion.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue to participate, the investigator will provide this information to me.
- Any information derived from the research project that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- If at any time I have any questions regarding the research or my participation, I can contact the investigator, who will answer my questions. The investigator's phone number is (631) 974-2814 _____.
- If at any time I have comments, or concerns regarding the conduct of the research or questions about my rights as a research subject, I should contact the Teachers College, Columbia University Institutional Review Board /IRB. The phone number for the IRB is (212) 678-4105. Or, I can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY, 10027, Box 151.
- I should receive a copy of the Research Description and this Participant's Rights document.
- If video and/or audio taping is part of this research, I () consent to be audio/video taped. I () do NOT consent to being video/audio taped. The written, video and/or audio taped materials will be viewed only by the principal investigator and members of the research team.
- Written, video and/or audio taped materials () may be viewed in an educational setting outside the research

() may NOT be viewed in an educational setting outside the research.

- My signature means that I agree to participate in this study.

Participant's signature: _____ Date: ____/____/____

Name: _____

If necessary:

Guardian's Signature/consent: _____ Date: ____/____/____

Name: _____

Appendix D

Interviewees' Participation

Teachers College, Columbia University
525 West 120th Street

Contact (Pseudonym)	Frequency	Time-Duration
1 Barbara	1 session	90 minutes
2 Josh	1 session	80 minutes
3 Anthony	2 sessions	120 minutes
4 Linda	1 session phone interview	90 minutes
5 Jianna	2 sessions	120 minutes
6 Charles	2 sessions	120 minutes
7 Bill	1 session	90 minutes
8 Rachel	1 session	60 minutes
9 Allie	1 session	75 minutes
10 John	1 session	60 minutes
11 Alice	3 sessions	180 minutes
12 Tammy	2 sessions	90 minutes
13 Ed	email communication	
14 Juliet	2 sessions	120 minutes
15 Joel	2 sessions	180 minutes
16 Keith	1 session	90 minutes
17 Sally	1 session	90 minutes
18 Eve	1 session	90 minutes

Research Question	Description of Main Categories	Number of Codes in Category
	Empowering Vocational skills	4
	Empowering Orientation and Mobility	7
	Empowering Communication	18
	Empowering Independent Living	4
	Empowering Adaptive Technology	4

Appendix F

Disempowerment—Descriptions by Other Learners

Sub-group	Description of dis-empowering experiences	Strategies	Learner outcomes
LGBTQQ Youth (Werner, Kulick, & Woodford, 2014)	Inability to express and explore identities , inability to change environment	Theatre, storytelling ,	Sense of community , connections with others, examination of how oppression impacted sense of self and relationships with others and well being
Parents and caregivers of individuals with disabilities (Scorgie, Wilgosh, & McDonald, L. (1996)	Negative feelings regarding disability	Education networking and resources	Transformational: (changes reported in who I am (personal) , changes in how I relate to others(relational), and changes in how I view life (perspectives)
College students with disabilities (Wilgosh, Scorgie, Sobsey, & Cey, 2010)	Low self -esteem, negative feeling pre- and following diagnosis, apprehension about disclosing disability to others, loss of friendship perception of others having low expectations. lack of support and funding issues.	Receiving a diagnosis, gaining resources and supports from student disability office, developing coping strategies, witnessing others achieving goals, informed support systems	Transformational: Becoming a stronger person, becoming independent, developing strong determination to succeed, assertiveness skills, positive attitude and self -advocacy Increased self-concept, enhanced relationships and positive life adjustment
Post- secondary students with disabilities (Wilgosh, Sobsey, Cey, & Scorgie, 2008)	Loss of friendships and challenges with social opportunities , lack of family support , dealing with attitudes and low expectations	Utilizing supports and accommodations	Transformational: Friendships , socialization, accessing appropriate services and programs for education and employment
Women participating in continuing education (Lange, 2004)	Fears and anxiety accompanied by changing jobs	Disruption of customary assumptions, diverse perspective sharing	Restorative not transformative outcomes
Undergraduate students completing degree (Browne, 2005)	Changed beliefs.	Multiple perspective sharing	Unclear if outcomes resulted if social action

Appendix G

Six Elements of Self-empowerment among Adult Learners who are Deaf-Blind

Categories vs, THEMES	DESCRIPTIVE QUALITY, NATURE and MEANING of THEMES	Frequency/% among learners
Transitions	The beginning; loss of vision and hearing Change in Daily Functioning Entering a Vocational Rehabilitation Program Whole person learning A change from visual to tactual modality	100% 100% 100% 100% 78%
Changing Interactions and re-defining relationships	Movement towards equalizing relationships Minimizing dependence and gaining independence Strong motivation to become self-reliant, Over protectiveness not acceptable	61% 100% 94% 39%
Self-proclamation of self-identity	Finding common ground and sense of belonging; identifying self as deaf-blind Emulating Peers Self-acceptance New set of rules to live by Self-efficacy New vision of future Questioning one's cultural disposition	67% 28% 94% 39% 94% 94% 11%
Self-advocacy	Actions of disability management Self-confidence Self-awareness Knowledge of resources and apply to what you want to do or accomplish Decision making authority Finesse in advocating accommodations Self - advocating in daily situations	100% 94% 94% 94% 83% 33% 67%
Engagement with peers—The Power of Peers	Peer learning opportunities—reflective dialogue, shared experiences and shared learning Social relationships Engage with role models, leaders Shared risk-taking Interactive problem solving Shared identity Connections—empathy, camaraderie, compassion, engagement Sharing positive attitude with others	33% 94% 28% 39% 39% 61% 78% 22%
Becoming other focused	Altruistic perspective Offering support with learning to peers; mentoring Supporting positive change in community	28% 33% 44%

Appendix H

Transitions—A Change in Daily Functioning

Learner and Frequency	Elements of Transition	Qualities of Transition
Barbara and Alice Other learners: Allie, Linda, Juliet (28%)	Needing to give up driving	Isolation, dependency on others, loss of freedom, fearful, feeling hopeless
Josh and Allie Other learners: Anthony , Bill, Rachel, Linda, Eve, Keith, Sally (50%)	Loss of job	Self-doubt regarding economic self-sufficiency, feeling of loss
Anthony, Other learners: Barbara (11%)	Loss of engagement in sports	Fearful, terrified
Linda Other learners: Barbara, Ed, Anthony, Jianna , Charles, Josh, Bill, Linda, Allie, Rachel, Sally, John (72%)	Inability to communicate effectively	Awkwardness, clumsiness impacting self-esteem , breakdown in relationships,
Jianna Other learners: Charles, Tammy, Sally, Juliet, John, Anthony (39%)	Feeling isolated, having barriers within family, feeling stuck in life	Isolation, barriers of communication with family, stuck, limited choices
Charles, Other learners: Bill, Josh, John, Keith, Juliet, Linda (44%)	Loss of self-esteem; aesthetics	Feeling stigmatized and doing battle with self-image, feeling incapable, feeling unattractive, grieving
Bill and John Other learners: Charles, Anthony, Allie, Josh Eve, Sally, Juliet (50%)	Loss of hobbies and passion i.e. music and favored activities that gave life meaning	Mourning loss of cherished activities, depression, feeling life was over, wanting to commit suicide
Rachel, Other learners: Allie , Bill, Josh, Sally, Anthony, Barbara (44%)	Change in relationships. Boyfriend broke off with her after he learned of her vision loss and her diagnosis of Usher syndrome.	Feeling of rejection
Tammy, Other learners: Barbara, Allie, Alice, Jianna, Joel, Rachel (39%)	Inability to access visual sign language.	Feeling awkward
Ed Other learners: Josh (11%)	Sudden loss of communication and independence	Became totally dependent on others, inability to be fully oriented to environment
Juliet Other learners: Josh, Allie, Anthony, Bill, Alice, Charles (44%)	Giving up autonomy and independence with traveling in a variety of environments	Frustration, clumsiness impacting self-esteem, feeling terrible and depressed that I could have caused someone else harm, feeling frightened and scared

Learner and Frequency	Elements of Transition	Qualities of Transition
Sally Other learners: Allie, Charles, Anthony, Keith, Jianna, Alice, Linda, Juliet (50%)	Being viewed by family members as not being competent , reckoning with other's lack of belief and expectations in her abilities	Questioning self-worth , engaging in relationships and not being viewed or treated as an equal capable adult .
Eve Other learners : Jianna, Sally, Allie, Joel, Ed (33%)	Inability to access print to read books	Loss of enjoyment , inability to access information and current events

Appendix I

Transitions—Whole-Person Learning

Commonly Identified Changes	Learners	Frequency Among Learners
1. Adopting tactual (tactual sign and/or braille) or alternative methods of communication	Jianna, Alice, Allie, Tammy, Juliet, Eve, Barbara, Ed, Bill, All	Tactual- 50%/ alternative 100%
2. Inner dialogue—change in self-beliefs, attitudes	All but Keith and Ed	91%
3. External dialogue—change in interactions and doing	All	100%
4. Changes in relationships—self-determined versus other-imposed	Allie, Joel, Anthony, Sally, Jianna, Charles, Josh, Tammy, Barbara, Rachel, Linda	61%
5. Recognizing employment capabilities and opportunities; developing skills	Barbara, Jianna, Alice, Bill, Linda, Josh, Allie, Juliet, John, Rachel, Keith, Bill, Joel, Sally	78%
6. Learning and applying self-advocacy in life situations	Joel, Allie, Alice, Bill, Linda, John, Jianna, Eve, Barbara, Charles, Sally, Ed, Josh, Juliet, Anthony, Tammy	83%
7. Making decisions of importance	All	100 %
8. Acquiring an appreciation of deaf-blind community of learners	Joel, Allie, Alice, Anthony, Bill, Linda, John, Jianna, Keith, Eve, Tammy, Barbara, Chris, Juliet	78%
9. Embracing a new self-identity	Charles, Linda, Anthony, Joel, Alice, Allie, Juliet, Jianna, Rachel, John, Bill, Tammy	67%

Appendix J

Transitions—Visual to Tactile Modality of Communication

Learner	Statements Shared by Learners	Key Factors of Learners' Experience
Tammy	“Well in the past I never felt comfortable with using tactual sign language. I noticed that a lot of people had used it. And I have night blindness right now and I feel like I finally confronted my fear of it and now I use it when it is dark at night. I never did before.”	Overcoming fear of it ; out of comfort zone, used out of necessity because of night blindness ; noticed others in the learning environment using it.
Juliet	“Well the ideal situation is that I have good lighting and that people are within my field of vision. It depends on a person's skin color as well and what they are wearing. Clothing is very key. My eyes seem to be changing all the time. So it is different from day to day.”	Environmental adaptations make communication more accessible. Good lighting is helpful. Contract clothing to skin color, vision fluctuates daily so tactual requirements vary from day to day , sometimes moment to moment.
Eve	“I want to be able to rely on my vision when needed then also rely on tactual and be able to shift back and forth”.	Knowing tactual as a back-up and being able to choose visual or tactual based on choice , having options is empowering
Juliet	“For example, he taught me the trick that when I am communicating tactually and I understand what the other person is saying I can tap their hand, giving them the tactual cue so they can keep going on. So that is definitely a great tip.”	Learning tips for incorporating touch signals while communicating using tactual sign language is empowering
Juliet	“Oh, okay every teacher is different. That is key to understand. They have a different way of signing and a different way of communicating. Sometimes when I am sitting one - on - one with a teacher and we are knee to knee, some of them I can't even hold onto their hands. And really even with the same teacher sometimes I can communicate with them fine and sometimes I can't. Sometimes I need to use tactual ASL and sometimes I do. Like I told you my vision keeps changing from day to day so it just depends on the day.”	The need to employ tactual methods fluctuates therefore flexibility and instructor knowledge of the provisional nature of communication modality is a key to minimizing frustration
Juliet	“If it is really hard for me to understand what the teacher is saying I will just tell them directly.”	Overcoming the need to fake understanding will result success , and the learner recognizes their role in comprehending the message.

Learner	Statements Shared by Learners	Key Factors of Learners' Experience
Alice	“I feel that it is fair for deaf-blind people to have all this information with tactual sign and haptics and make them feel empowered and feel that they are on an equal footing.”	Access through gaining information by tactual sign and haptics offers an equal position in interaction.
Barbara	“And so I feel now I want to use it more often because it is not so stressful on my eyes. You know a lot of times when you are using visual sign language you have to adjust your clothing, and the whole background. That way if I use tactual sign, I don't have to do that.”	Tactual sign makes logistics of communication easier , no need to adjust color contrast with clothing and background, access becomes readily available in any environment and with any communication partner regardless of what they are wearing.
Allie	“I was learning tactual. I did not know what to do with my hands. My handshapes, I just didn't know the one hand or the two hand. I just didn't know how to position myself, as far as seating arrangement.”	Learning seating arrangement for communicating using tactual communication is beneficial
Allie	“Haptics is non-verbal, but it is tactual information and give you control of presentation. It is information that the interpreter of the SSP would give during the presentation. They would give you a roadmap of the room. And you do it on the back. And it tells you where the people are in the room. And whether the people are paying attention.”	Haptics provides visual information that provides individual with control over the situation

Appendix K

Associated Experiences of Learners Moving Toward Self-Advocacy

Learners	Learners Statements (Reported Experiences)	Salient Features	Frequency
Barbara All learners but Ed and Keith	“I wanted to be independent. I wanted to learn a variety of skills, and I really wanted to learn more about myself.” (Barbara)	Getting bearings, readiness and openness to exploring what is available for learning.	89%
Barbara All learners	“Visual ASL is what I use currently. However, at night time when I have difficulty seeing, then I will use tactual sign language.” (Barbara)	Gaining competencies in an alternative communication method	100%
Eve, Josh, Charles, Barbara, Sally, Linda, Jianna, Allie, Alice	“I have retinitis pigmentosa, and it is because I actually have Usher Syndrome.” (Eve) Right now I still have some vision. I am not completely blind at this point right now. Probably starting around 2002, was when I started losing my peripheral vision and I also don’t see that well. Things look kind of fuzzy, for example when I am sitting with someone who is using tactual communication with me I can’t see her face clear.” (Eve)	Gaining knowledge and understanding of etiology and/or gaining an understanding of the functional implications.	50%
Charles, Linda, Anthony, Joel, Alice, Allie, Juliet, Jianna, Rachel, John, Bill , Tammy	“As I came here, I ‘m out! I am deaf-blind. It was a release. In the past it was negative and then I came here and I was able to tell everyone.” (Charles)	Disclosing disability to others ; Self –identifying as deaf-blind	67%
Anthony, Josh , Joel, Barbara, Linda	“To me empowerment is the ability to self-advocate and having the skills needed to survive in the community and the motivation.” (Anthony)	Gaining understanding of the accommodations required to better access living and working environment	28%
Barbara , Charles, Linda, Jianna, Sally, Tammy	“For me it is not always about making decisions, it is more aware, being able to gather information and then apply it to what you want to do, to your life.” (Barbara)	Obtaining resources and applying to what you want to do.	94%

Learners	Learners Statements (Reported Experiences)	Salient Features	Frequency
Sally, Charles, Barbara, Josh, Anthony, Linda, Jianna, Bill, Rachel, Allie, Alice, Ed, Joel, Juliet	<p>“To some people that sounds very selfish and ungrateful. But it’s not selfish. Everyone at gut level is a fighter or a survivor or both. No one wants to be walked on. And no one has the right to do that, no one has the right to insist that you should be a certain way because that is the way they see it. No one has that right. Unless I give them that right. And I am very careful who I give that to. If anyone.” (Sally)</p> <p>“So if anyone thought I was going to come home and be passive way, think again because it is not happening.” (Sally)</p>	Requesting accommodations and supports	83%
Bill, All learners with exception of Ed, Keith	<p>“It is multi-faceted and I learned that people who are totally deaf, and cannot voice and then there are people who sign and do some, I would describe it as light voicing. A light voice as they are signing. I learned there are hard of hearing people who do voice and I learned the variety, I met some people who are basically blind, but they are here because they feel they lost a little bit of hearing and can benefit at least from some of the blind vision specific aspects of rehabilitation offered here.” (Bill)</p>	Gaining knowledge of the diverse deaf-blind community and the variety of communication methods utilized by individuals in the community.	94%
All learners with exception of Ed, Keith		Gaining access to the deaf-blind community	94%
Bill Other Learners; Linda,	<p>“I think there is a word called advocacy. A strategy I was just learning about all the way through, but more so in these recent weeks. And the idea that not learned so much I have rights, I do. I have I guess they said to me in the class we have a responsibility to hear who we are talking to.” (Bill)</p>	Learning with rights come responsibilities	11%

Learners	Learners Statements (Reported Experiences)	Salient Features	Frequency
Allie, Josh, other learners: Jianna, Alice, Sally, Bill, Anthony	"So what I am trying to do now I take this information to Tennessee and try to teach the interpreters there in Tennessee and all the deaf-blind in Tennessee." (Allie)	Recognizing educational needs of general public with respect to accommodations	39%
Charles ,Bill Other learners: Linda, Allie, Jianna,, Anthony, Josh, Barbara, John, Tammy	"It's one of those things where if you are unable to adhere to the standards set forth by your culture and be a child who just shuts up and listens, you are regarded as a perpetual sideliners." (Charles) "I realized I don't have to sit back and feel the regular suffering." (Bill)	Revising one's assumptions that it is appropriate to speak up on one's behalf. Gaining the inner belief and confidence to claim your voice.	55%
Josh, Barbara, Jianna, Allie , Charles , Linda, Bill, Anthony, Ed, John, Juliet ,Tammy	"Yes, I feel more comfortable now telling people what my needs are." (Josh)	Building self-advocacy skills to obtain accommodations and environmental modifications	67%
Joel, Allie, Alice, Bill, Linda, John, Jianna, Eve, Barbara, Charles, Sally, Ed, Josh , Juliet, Anthony, Tammy	"I think that is a good thing. I don't think assertive is bullying. It is asking for what you need and it is not just hoping you will get it. But expecting that you will get it. There is nothing wrong with expecting to get what you need." (Sally)	Using self – advocacy skills in real life situations and expecting to influence the change needed.	83%
Eve Joel, Jianna, Linda, Allie, Alice	"I was trying to say that you really have to fight for their rights and pray and be strong, be strong and spread that concept. Spread that all over to people. Stand up for what you have. You'll be fine." (Eve)	Supporting peers to gain self -advocacy skills by sharing new knowledge and experiences.	33%
Jianna, Linda, Sally, Joel	"I felt empowered when I met a congress person as part of a leadership program. I wrote a letter to two teachers and suggested we do this. They said oh gee, we can't promise it will happen. But I believed in it." (Jianna) "I would like to work with disabled people around the world to help change the laws to advocate for their rights possibly through the United Nations." (Jianna)	Joining in coalitions, task forces, consumer organizations to create social change Advocating on behalf of other members in the adult learning community or back home to improve local, state and national services	22%

Appendix L

Becoming Other Focused

Learners	Statements Made by Learners	Salient Factors
Alice Other learners: Eve, Joel, Jianna, Linda, Allie, Josh, Anthony (44%)	<p>“So you need to take the seed in one person and plant it in another person , these will grow, the stem will come out. It will bloom. That process, it takes time to be open minded. There is no perfect way.” (Alice)</p> <p>“I felt free. I felt I can do this. I am a firm believer that if I can open a door, ya’ know if you can open a door, your obligation is to hold it open for the next person. Don’t let the door shut behind you. In other words, I felt this empowerment to tell my peers to, you too can be in control.” (Joel)</p>	<p>Sharing ideas and tip, planting seeds /ideas and positive strategies in others</p> <p>Opening doors for others to new ways of looking at things and new opportunities.</p>
Josh, Anthony, Linda (17%)	<p>“Because people got involved with an idea I had. The quilt was very special to me. When someone does something special for me I like to do something to give back. Some of the students who donated time and effort to make the quilt felt the same way too.” (Josh)</p>	Getting other involved in a community project to support others
Bill, Joel, Eve (17%)	<p>“It’s really a strategy to invest in yourself and invest in others. People want to see that you care about them.” (Bill)</p>	Empathy for others
Jianna, Joel , Eve, Barbara (22%)	<p>“I influenced others in the deaf-blind community on how to change. I traveled and lectured. Many people would meet me and say wow and I would show them that I learned many things.” (Jianna)</p>	Being a role model to others
Anthony, Josh , Linda, Eve (22%)	<p>“That was something I came up with, something that I brought forth. We decided to go out into the community. Check out the restaurants and give an insight as to what to expect as a db person, what you can expect when you go in there. How dark it is, how loud or the environmental situation, the accessibilities. The service, all kinds of things, the service the food, if it’s clean, the price. I put it down.” (Anthony)</p>	Using skills and knowledge to benefit others

Appendix M

Voiced Empowerment-based Learner Strategies

Expressed comments by learners	Frequency among learners	Strategy/elements	Outcomes—first order/second order
“I just started using the sleep shades for training. It’s a little awkward. But I do think it can be helping me a little bit. It is different because I do rely on my vision for doing things. Now I have to rely more on touch and feel to be able to do these things. It is kind of giving me more of an awareness.” (Barbara)	Barbara, Eleanor, Jianna, Anthony, Allie, Alice, Keith, Tammy (44%)	Using sleep shades	Strengthen tactual skills by remaining focused on them—build confidence, prepare for impending vision loss, change of perspective on employing a tactual modality
“they would touch and do. That is better than just thinking about something abstractly. The person would be asking “what do you mean?” “What do you mean?” They may have never seen it before. Let the person learn by tactually exploring the object. For example, a kitchen timer that vibrates. Show the student, let them feel it, see it and work with it. If they are fully blind maybe never had the opportunity before.” (Jianna)	Jianna, Juliet, Anthony, Allie (22%)	Taking time to adapt to tactual modality and explore objects and environments tactually	knowledge of adaptive tools and equipment can increase ease in performing daily tasks, tactual discrimination skills and appreciation 2 nd -overcome awkwardness, self-consciousness of taking the time to become fully acquainted with tactual exploration
“Initially I had a hard time doing it. But now obviously with the practice of doing it I have become alot more experienced with using tactual sign.” (Barbara)	Barbara, John, Allie, Alice, Bill, Ed, Jianna, Tammy, Juliet, Eve (55%)	Taking deliberate time to practice	gaining skills in tactual sign language—experiencing success and competency with a challenging task
“And anyway I needed to learn everything for my future, Just in case my vision deteriorates.” (Anthony)	Anthony, Barbara, Bill, Tammy, Ed (28%)	Making a strong commitment to learning, being prepared	Take ownership and engage in the process, being prepared for one’s future
“Just learning to be independent, by doing my own banking and budgeting, cooking...I was responsible for so much in the apartment and it made me feel independent.” (Barbara) Ya’know I think it is cultivated through experience.” (Barbara) “I learned a lot through experience.” (David)	Barbara, David John , Juliet, Barbara, Eve, Bill, Chris, Eleanor, Rachel, Tammy (61%)	Learning from experience	Learning by doing, immersion into the experience, 1st—gaining skills in financial management contributing to an independent life in community

Expressed comments by learners	Frequency among learners	Strategy/elements	Outcomes—first order/second order
<p>“I chose the goals, I let the teachers know what goals I am working on.” (John)</p> <p>“Yeah, the goals he writes down are out of my mouth.” John</p> <p>“Just by being the leader of my own progress.” (Linda)</p>	John, Juliet, Barbara, Eve, Bill, Jianna, Linda, John, Tammy (50%)	Self-authorship of training goals, self-authoring goals	Experience self - determination, self-directed learning
<p>“Just knowing there are options, writing in large print or using an iPad which is options, I became more independent and less dependent on my interpreter.” (Barbara)</p>	Barbara, Jianna, Tammy, Bill, Charles (28%)	Making optimal use of vision and hearing	Learn and adopt strategies for optimal functioning in everyday life, repertoire of skills to adapt with confidence and flexibility
<p>“She told me step-by-step.” (John), Eleanor, Alice,</p>	John, Eleanor, Alice, Bill (22%)	Learning step-by-step	Gain skills through methodical and structured instruction
<p>“There is a lot said for the act of letting people talk. You can learn a lot about people by just listening and letting them take the wheel.” (Charles)</p>	Charles (5%)	Letting others take the wheel	Being present and learning while others take the lead
<p>“I learned just by observation.” (Charles)</p>	Charles, Alice (11%)	Learning by observation	Learn by observing others performance
<p>“I would say there is a communication card you need to learn to use and tell them, to show the students how to use it.” (John)</p>	John, Bill, Alice, Allie, (22%)	Learning by demonstration and explanation	Learning by demonstration leads to skill acquisition
<p>“Self-discovery is so important.” (Charles)</p> <p>“Yes, everyone is an individual and everyone has to decide, you can’t tell people what to do. You have to learn for yourself.” (Eve)</p>	Charles, Eve, Barbara (17%)	Learning by self-discovery	Opening up to alternatives,
<p>“I can’t wait to get out there and use them [communication cards].” (Charles)</p>	Charles, Linda, Barbara, Tammy, Bill, Keith, Ed, Allie, Alice, Josh, Anthony, Jianna, Rachel, Juliet, Joel, Keith, Sally, Eve (100%)	Applying skills to real life	Transferring use of adaptive skills to real life environment
<p>“I learned by just being different.” (Charles)</p>	Charles, Joel, Anthony , Allie , Sally (28%)	Learning by being different on the margins	Unique perspective is appreciated

Expressed comments by learners	Frequency among learners	Strategy/elements	Outcomes—first order/second order
“By letting me do it and by letting me make mistakes. And when I say, no I’m okay, to understand that I really am okay. And understand when, if I think I need.” (Sally)	Sally (5%)	Learning by mistakes	Allowing opportunity for learning from mistakes
“Basically all learners want the same thing, we want to live life and get on with it...” (Charles)	Charles (100%)	Stepping out and stepping back	Taking time to focus on self and participate in training
“what I learned here is that my peers accept me, I accept them.” (Joel)	Joel, Alice, Allie, Jianna, Anthony, Linda, Tammy (39%)	Engaging in peer dialogue and shared experience	Sense of belonging
“I am using the white cane all the time when I go out. Before I didn’t so now I use the cane and I like it. I think it has given me more confidence and I think I am accepting the changes in my eyesight since coming here.” (Juliet)	Juliet (100%) All learners	Taking a proactive approach	Being prepared
“And it takes a lot of soul searching to figure out who you are. At 23 I am just now finding out that I have skills and can be a lot of things to a lot of other people, people who do not necessarily share my DNA. And that I can be a person of value and that I have intellect and a capacity to be successful and the capacity to make a valuable contribution to other people and just society at large.” (Charles)	Charles, Sally (11%)	Self-assessment , questioning assumptions about self-worth	Self-esteem
“Cause I was never exposed to this stuff like everybody else is. A lot of people came her know a lot of stuff already, like Braille, like sign, not me. All this stuff is new to me, so it came to me like a storm. because I didn’t know about it before. It was a lot of stress and pressure. I had to survive for seven months, learning all that kind of stuff.” (Anthony)	Anthony (5%)	Riding out the storm	Gaining confidence in one’s ability to cope.
“They gave me instructions fully.” (John)	John, Tammy (11%)	Learning through in-depth explanation	Specific instructions aid in acquiring skills

Expressed comments by learners	Frequency among learners	Strategy/elements	Outcomes—first order/second order
“And sometimes I’ll tell the person, exactly what my needs are.” (Barbara)	Barbara, Ed (11%)	Sharing communication accommodation up front	Ease and accessible instruction, strengthened self-advocacy
“We were flexible; we would work out what we needed to do. My team would give me hints on what to do and we worked as a team together” (Barbara)	Barbara, Chris (11%)	Having a team approach	Co-authored goals by team and learner, strengthened self-determination
“We would discuss the goals. And then I would do it. And then we talk about it later.” (Barbara) “My instructor would say it does not matter how you do it, just do it and they took a step back. It was great, she took a seat back and helped me to figure it out on my own.” (Barbara)	Barbara, Tammy, John (17%)	Do and debrief, let learner figure it out on their own.	Self-directed, feeling of successful accomplishment of a challenging task

Appendix N

Learners' Voiced Experience Gaining Adaptive Communication Skills

Learner's statement	Common significant elements	Frequency
I definitely think my confidence grew. Oh definitely, I mean now I can understand a conversation completely in tactual sign language So I definitely have more confidence in this area. I feel I can have a conversation now. And now I don't have that feeling like oh my gosh did I miss something do I have to ask people to repeat it over and over. So I feel very confident." (Barbara)	Gaining conversational skills in tactual sign language, improved access and feeling of inclusion, feeling less stress. No longer needing to ask communication partner to repeat their message.	Ed, Josh, Tammy, Barbara, Joel, Tammy (33%)
"And so I didn't grow up being aware of signing. So I am becoming aware of it at a much later age. And so it is taking time for it to become a part of the communication strategy. Communication portfolio sort." (Bill)	Developing skills in a variety of communication methods; having option; developing a communication portfolio.	Bill, Ed, Josh, Barbara, Anthony, Charles, Jianna, Tammy (44%)
"I think it is a challenge at first. To see, you have to be able to feel a person's hands go back and forth. Like their chest, knowing it is their chest area, it is from the head, between the head and the waist say up to chest level. I don't know when a person is going out that way. I am aware if I do think like this (signed father, open hand, palm facing side on forehead) ..., I guess it is feeling the relationship. That is a vital part of signing but a hard part of signing for me. And I have to overcome." (Bill)	Overcoming the physical closeness and hand movements that touch the body, no prior experience as a blind individual, a change in personal space for communication	Bill (5%)
"It was pretty embarrassing at first because I am not used to making funny faces. But I am working on it. This and that, I'm working on it." (ASL incorporates facial expressions) (Bill)	ASL incorporates facial expressions for meaning.	Bill (5%)
"I am doing good. And I just started learning how to use tactual signing while walking. I put my hand on this person and walking at the same time to communicate. So signing when walking. It's pretty tough. Yeah, if you have to walk with a deaf person and there is no time to stop, you gotta walk and sign and communicate while walking." (Anthony)	Learning to sign and walk at the same time; simultaneously focusing on navigating in the environment and having a conversation	Anthony (5%)

Learner's statement	Common significant elements	Frequency
<p>"Beneficial. Cause I ... my eyesight, I can't see signs up close. I can only see signs far away. Because you know I have RP. It's like tunnel vision so I am not able to see the entire body. I can't see up close. So that is when tactual signing becomes beneficial. If the person prefers to sign like ten feet away that's fine." (Anthony)</p>	<p>Adjusting signing space or gaining skills in tactual sign language; Making adaptations in signing modality in order to accommodate loss in peripheral vision.</p>	<p>Barbara, Allie, Alice, Tammy, Jianna, Anthony (33%)</p>
<p>"Individual signing styles, speeds and hands are all variations that are part of the learning and feeling of competency with tactual sign language" (Allie)</p>	<p>Having exposure to a variety of hands while learning tactual sign language</p>	<p>Allie (5%)</p>
<p>"Having a back-up system for communication that can be employed based on the demands of the environment is empowering because it supports confidence and autonomy and relieves stress." (Barbara)</p>	<p>Learning a variety of communication methods and strategies relieves stress</p>	<p>Barbara, Bill, Anthony, Charles, Allie, Jianna, Tammy 39%</p>
<p>"Uh, you go to a place like Smashburger, that's one of the noisiest places you could ever be at. Because you can't tell what they are trying to say to you at the counter. I may know that I want sourdough or barbeque burger, uh, and I get that. But I may have to have one of my pages in the communication book and go through the process tap my hand when you are ready to call on me. And I may not be aware of what someone is saying to me. A lot of the menu, I say I like the BBQ and they would put my finger on the numbers on the card and I have Braille on my Braille display what I owe. And that would be one way I carry out the communication challenge." (Bill)</p>	<p>Using adaptive technology to communicate with the public</p>	<p>Bill, Ed, Barbara (17%)</p>
<p>"What was surprising to me, a skill I had not mastered was communication. I thought I was the most skilled communicator. I was not communicating very well with my instructors. More and more, I would start, I was started in the middle in a conversation, and expect the instructors to catch up with me, I was thinking something in my mind and expect the individual instructor to get there, to read my mind. I became more aware of it. I would think oh, I did not tell you what was on my mind, whoopsie ... you are not mind readers." (Josh)</p>	<p>Gaining insight into areas of communication to build beyond learning an adaptive method, assessing how clear message is conveyed to others</p>	<p>Josh (5%)</p>

Appendix O

Orientation and Mobility Learner and Practitioner Strategies and Outcomes

Learners	Statements	O & M Skills	Frequency
Linda, Juliet , John, Ed, John, Tammy	I didn't know about the cane techniques. I had seen it with blind people. I see blind people all my life, but I didn't know how they actually used it and to experience for myself." (Linda) "They would show me the difference between what is that called, the asphalt and the grass so I could see the cane would let me know that difference. Here like the floor, they would show me where that threshold is between the rug and the hallway floor and so I would be able to track where the steps are and so I ...was actually afraid to use the steps. I would only want to walk on flat surfaces, I wouldn't like to go down because I was afraid of falling and now with the cane that makes it all to easier." (Juliet)	Cane techniques to detect stairs, curbs, shorelines.	33%
Anthony, Barbara, Bill, Charles, Tammy	"Yeah and I get out on my own, I went out on several evening trips on my own and I have crossed the streets on my own. I feel pretty confident." (Anthony)	Navigation in evening when it is dark	28%
Charles, Bill , Anthony, Tammy	"I liked the street crossing signs, they worked very well."	Use of communication cards to solicit assistance with street crossings	22%
Allie	"Just because now because I am deaf-blind with the vision loss ya' know, I don't drive, I don't have a license or what have you. I now have a different way of living. Now I have the resources that I can to go about different things. Like public transportation." (Allie)	Using public transportation Learning to plan out the travel	5%
Ed, Bill, Anthony, Linda, Barbara, Tammy	"I can find my way in the buildings and get to class by myself." (Ed)	Ability to navigate safely in a variety of environments, not trip , and feel safe	33%
Charles	"John was very good about giving me feedback on how I was doing as far as hearing traffic. As far as distance for traffic, as far as what direction the traffic was coming from. All that. And it gave me more confidence, because I knew that even with my hearing loss I know that I can travel safely. Because my hearing loss is the most challenging for me, not my vision loss." (Charles)	Detecting direction of traffic using residual hearing	5%

Learners	Statements	O & M Skills	Frequency
John	“Yeah...when I go out on mobility—like when there is a big gap between two buildings, I will go through that gap. I will stay on the sidewalk. I feel amazed I did it.” (John)	Overcoming fear of independent travel.	5%
Eve	“So my instructor would actually show me the right techniques. So when we started I would actually keep my head down. I had my shoulders turned. Peter actually instructed me how to use my cane the right way. I would keep the cane arc in my body space, in front of me. And so if I made a mistake, he would actually just physically show me where the cane, how to maneuver, how to find my way around and over time I was able to understand that.” (Eve)	Head position and posture	5%
Alice, Juliet , Tammy, Barbara	“Yes, like Ted he taught me about the pencil. Like to use my cane in different situations. And I never heard about the pencil. Like in a very cluttered area that you use your pencil cane skills.” (Allie)	Cane as a means of identification and use in a variety of situations	22%
Alice, Anthony, Barbara, Tammy	“Yes, I even walked around an entire block with sleep shades on. It wasn’t so bad. Yeah it was pretty tough. I pretty much just did it. She was impressed with me. She felt like I was ready.” (Alice)	Using sleep shades	22%
John	“Overhand, like show me what to do overhand, like I put my hand over your hand.” (John)	Hands on demonstration for cane techniques	5%
Alice, Anthony, Tammy	“He asked me do you have a cane. And I said no way. I will not use a cane. He said it will save your life. If you get hurt. And I signed out that consent form that said I decided not to use a cane. And the next day I met a beautiful student. She had a huge smile. She was strutting her stuff and using her cane. I said to her, and this person was deaf-blind herself, and I asked her how do you feel about using a cane? And she said this is my best friend. My best friend. And I said why? And she said it warns me, it lets me know, it prevents me from falling. You shouldn’t be embarrassed about it. You should use one. And I didn’t really understand. And she said go! Use it! And so I tried it, we went outside. And it kind of warned me, and lets you know what is coming up in advance. And I did not realize. I said thank you thank you so much and I gave her a big hug. And I went all the way back to my mobility instructor and I said, I have changed my mind.” (Who?)	Getting over the perceived stigma of using a cane in public through the support of peers	17%

Learners	Statements	O & M Skills	Frequency
Juliet	<p>“I was with my husband and he was guiding me. And sometimes my husband forgets to tell me when we are approaching steps. I almost fell which was really frightening and I said to my husband I told him specifically that he had to tell me when we were approaching steps. Now that I have a cane I think my husband is a little more relaxed. Now that I have this cane I don’t need to walk behind my husband. I can walk side by side which is nice.” (Juliet)</p>	Including family in the process.	5%

Appendix P

Employment Skills Training

Learners	Learners' statements	Instructional content *strategies	Frequency
Bill, Barbara, Sally, Anthony	"So, I conducted two informational interviews with that one. I got a lot of insight. One was mortuary science. I also conducted interviews with journalists in XXXtown. From the local newspaper. So I got some insight from that. I think conducting these informational interviews were pretty helpful. They give you a lot of information about what they do what skills I needed, what's required, what's to expect." (Bill)	Vocational exploration *Preparing questions for informational interviews; Gaining insight through informational interviews, interviewing workers who are performing job of interest to learn about skills required and job expectations. *Situational assessments, trying out different work in the community and performing a work experience aligned to vocational goal	22%
Barbara	"I am working at XXXcompany. It is what I got college degree on. It is doing XXXXtechnology work on the computer. I got a degree but I did not have not specific experience It is like being a doctor, doing something very specific." (Barbara)	Participating in a job that aligned with college degree *Learning from experience, job coaching	5%
Barbara	"There was so much at work, primarily communication, just knowing there are so many options, large print or iPad which is awesome. It has helped me not to depend on interpreting." (Barbara)	Employing technology on the job *Learning from experience	5%
Barbara	"Just the advocacy part is so important. Just telling somebody, like I can't see your handwriting. Using technology has helped so much." (Barbara)	Advocating for job accommodations *Learning from experience—on the job experience	5%
Linda	"So by getting an expanding file and brailleing the alphabet on that file using that expanding file and put the forms in that file, it helped me to organize instead of being overwhelmed with all those papers. So it was just by doing the work experiences and having the Vocational services person there, you are able to um, resolve the different issues that we have that come up so you empower us to be able to do the job." (Linda)	Strategies on the job to improve performance *Methods of organization on the job Use of color contrast	5%

Learners	Learners' statements	Instructional content *strategies	Frequency
Bill, Barbara	"Yes, when I was working on getting this nursing home project, and I believed that I could do that. I was able to call week to week, the director on my own. I was able to negotiate for the work, at the nursing home. I worked it out through empowerment transactions." (Bill)	Social Skills *Interacting with supervisor directly *Learning from experience, being a part of the work force through work based learning in the community. Not depending on a liaison, dealing with matters directly.	11%
Keith	"She showed me how to do the lamp." You did the lamp assembly? And how did that work? "I didn't like it. It was slow, boring. She said that's okay, that's fine." (Keith)	Eliminating options that don't work *Learning through work trial what jobs one is not interested in	5%
Barbara	"My instructor encouraged me to develop relationships with my coworkers and inform them of what my needs are." (Barbara)	Learning to socialize on job *learning by experience	5%
Barbara , John	"If we are at the job site and the boss is there I need to be involved. Talk directly to me not to the job coach. Sometimes it's like I'm almost not there. I want to communicate with my boss." (Barbara) "So he used my FM system and that helped me . I was getting instructions form him directly on how to assemble the lamp." (John)	Communicating directly with boss *job coach to facilitate and not become a barrier to direct communication Communication Strategies *Use of FM system *Engaging my boss to learn how to communicate directly with me	11%

Appendix Q

Changing and Re-Framing as Reported by Learners—Empowerment Drivers

Learners and Frequency	EMPOWERMENT DRIVER - SOCIAL DOMAIN Change in Beliefs and Thinking	Reported Change Perspective
Barbara, Josh, Anthony, Linda, Charles, Bill, Rachel, Juliet, Joel, Tammy, Barbara, Ed, Alice, Jianna, Allie (83%)	I have courage and confidence, no longer hiding from self and others	Self-confidence level, self-disclosure
Sally, Rachel, Charles, Eve, Allie, Alice (33%)	Others will provide support and provide opportunity and adapt	Confidence in others
Joel, Bill, Allie, Jianna, Charles, Sally, Eleanor (39%)	I view all people as interdependent, interdependence is universal	Reciprocity with reliance shared between self and others
Joel, Jianna, Eve, Allie, Alice, John, Sally, Barbara, , Linda, Tammy (55%)	I receive encouragement from peers	Value of peers
Charles, Anthony, Linda, Joel, Sally, Barbara, Jianna, Bill, Allie, Tammy (61%)	Being a minority it is hard to change the system, I can only change myself	Change agent -self
Linda, Joel, Bill, Jianna, Sally, Eve (33%)	Sharing a collective voice; joining a community task force or consumer organization, working towards changes in policy and services	Change agent - broader community context

Learners and Frequency	SOCIAL DOMAIN Change in Attitudes/Being	Reported Change Perspective
Barbara, Jianna, Rachel, Charles, Josh, Anthony, Sally, Allie, Linda, Tammy (83%),	I can make own decisions and I am in charge of one's own destiny	Self-determination
Charles, Joel, Allie, Juliet, Alice, Tammy, Anthony, Josh, Jianna, Rachel, Linda , Bill (67%)	I am adopting a new self-identity and I am positive. ,	Identity - deaf-blind
Josh, Linda ,Joel, Allie, Eve, Jianna, Alice (38%)	I am taking into account the needs of other learners (peers)	Helping Others, Other focused
Charles, Sally, Allie, Joel (22%)	I care more about peace of mind than pleasing others. I no longer care what other people think.	Strengthened sense of self, release of trying to please others.
Sally , Allie, Charles, Jianna, Tammy, Barbara, Alice, (39%)	Overprotectiveness is not acceptable	Eliminate other imposed limitations
Sally, Allie, Charles, Bill, Anthony, Joel (33%)	There is a reliance and trust built upon successful learning and reciprocal respect	Mutual respect is an important ingredient for relationships
Sally, Allie (11%)	I know when to say no	Strengthened self - decisive power

Learners and Frequency	SOCIAL DOMAIN Change in Attitudes/Being	Reported Change Perspective
Sally, Bill, Allie, Eve, Jianna, Joel, Ed,(39%)	I have a desire to land in a place where confidence overrides social inadequacies; I am re-defining my strengths and limitations.	Letting go of self - imposed limitations. Perspective of strengthened Abilities. Strength based perspective
Sally, Barbara, Anthony, Linda, Jianna, Bill, Rachel, Allie, John, Alice, Juliet, Joel, Tammy (72%)	My perspective on my disability has changed	Disability is one of many attributes or characteristics
Chris, Anne (11%)	No more BSing	No longer self-pretending
Barbara , Anthony , Linda, Jianna, Charles , Bill, Josh, Alice, Juliet , Joel, Sally (55%)	All obstacles are surmountable, it is not a question of asking if, it is a question of asking how	Deliberate choice to find new ways to overcome loss of vision and hearing
All learners (100%)	Wanting to learn all options	Options are valued
David, Chris, Tammy	Overcoming fear of impending or newly acquired hearing loss or vision loss	Breakthrough of fear
David, Chris, Joel, Barbara, Josh, Anthony, Linda, Jianna, Charles, Rachel, Allie, John , Alice, Allie, Tammy, Ed, Juliet, Joel, Sally, Eve (91%)	I am worth the investment from other people	Strengthened self - esteem and self- worth. (some of the learners in group already possessed this but there were comments shared indicated they had enhanced self-esteem.)

Learners	SOCIAL DOMAIN Changes in Behaviors/Doing	Reported Change
Allie, Sally, Tammy, Barbara, Josh, Jianna, Linda, Rachel, Juliet , Joel, Ken, (61%)	Re-defining relationships, Eliminating unhealthy relationships	No longer need tolerate unhealthy relationships
Joel, Allie, Linda, Alice, Jianna, Anthony, Tammy (39%),	Interacting with peers, experimenting with peers, discovering comfort together in the process, sharing learning with others, exchanging experiences and perspectives, finding a common ground, engaging in collaborative dialogue	Joining an adult learning community of individuals who are deaf-blind is meaningful and had advantages
Allie (5%)	Meeting others half way; taking shared responsibility to get it done	Self- reliance , taking ownership and responsibility
Joel, Anthony, Eve, Linda, Jianna, Allie, Alice (39%)	Doing something to benefit the community	Other focused

Learners	SOCIAL DOMAIN Changes in Behaviors/Doing	Reported Change
Sally, Bill, Barbara, Alice, Charles, Barbara, Tammy, Anthony (39%)	Getting out there	Taking initiative , transfer new skills and abilities to real life
Barbara, Josh, Anthony, Linda, Jianna, Charles, Bill, Rachel, Allie. John, Alice, Tammy. Ed, Juliet, Joel. Keith. Sally, Eve (100%)	Getting my skills back; Learning adaptive methods of communication , orientation and mobility, independent living , skills for employment, and adaptive technology	Gaining adaptive skills

Learners and Frequency	SOCIAL DOMAIN Changes in Knowledge	Reported Change
Sally, Alice, Anthony, Joel, Jianna, Linda, Charles, Bill, Keith, Barbara, Tammy, Ed (67%)	I am capable, I can do it, I will do it and others will believe I can do it, I know how to adapt.	Self-knowledge—capable
All learners (94%)	I have resources	Knowledge of resources
All learners(100%)	I know types of accommodations required to ensure an optimal learning environment	Self-knowledge—preferred accommodations , learning preferences
All learners (100%)	Having knowledge of visual condition and/or hearing condition	Self-knowledge—etiology and implications
All learners (100%)	Knowledge of options for training	Knowledge—training opportunities
All learners (94%)	Knowledge there is a community of adult learners who are deaf-blind and I am not alone, learning among peers	Knowledge—deaf-blind community
All learners (100%)	Knowledge of new methods and strategies in core areas of instruction of communication, adaptive technology, mobility, independent living and vocational skills	Knowledge adaptive skills
All learners (100%)	Knowledge of adaptive equipment and how to implement its use in daily life	Knowledge—adaptive equipment
Sally, Bill, Anthony, Linda, Charles, Allie, Alice, Joel, Josh, Juliet, Barbara (67%)	Knowledge of rights and how to self- advocate	Self-advocacy

Learners and Frequency	EMPOWERMENT DRIVER— ECONOMIC AND POLITICAL DOMAINS Change in beliefs/thinking	Reported Change
Gianna, Joel, Barbara, Tammy (22%)	I can be self- sufficient	Self-belief—success, can be financially independent
Sally, Chris (11%)	If you fail to self-advocate you will be a perpetual sideler and disregarded	Self-belief—change agent through advocacy

Learners and Frequency	ECONOMIC AND POLITICAL - Change in Attitudes/Being	Reported Change
All learner 100%	Higher future aspirations	Motivated
Sally (5%)	I am accountable to my state sponsor for making the most of the learning opportunities	Accountability
Linda, Bill, Gianna, Alice, Joel, Allie, Sally (39%)	I am a leader	Self-leadership
All learners 100%	Accessibility is essential for the ability to compete	Recognize right to accessibility

Learners and Frequency	ECONOMIC AND POLITICAL Changes in Doing/Behavior	Reported Change
94%—all but Eve	Participation in work experiences and other employment training activities	Gain skills for employment
Allie, Gianna, Joel, Bill, Barbara (28%)	Job seeking	Job seeking skills
Gianna, Tammy (11%)	Gaining financial management skills	Self-management of finance
Sally, Linda , David, Bill, Anthony, Charles, Allie, Alice, Joel, Josh, Juliet, Barbara (67%)	Learning how to deliver self-advocacy (style and content)	Gaining access and accommodations
Sally, Linda, Joel, Anthony (22%)	Participating in community task forces and other consumer advocacy organizations	Contributing to greater cause, social action
Sally, Linda, (11%)	Leading a peer group, task force, advocacy effort	Leadership

Learners and Frequency	ECONOMIC AND POLITICAL - Change in Knowledge	Reported Change
Barbara , Linda , Bill (17%)	Learning to communicate with others on the job	Independence of the job
Barbara, Linda, Bill, Sally, Charles, Joel (33%)	Knowing you have the skills and abilities to compete in the area of employment	self-efficacy

Learners and Frequency	EMPOWERMENT DRIVER- PERSONAL DOMAIN Change in Beliefs/Thinking	Reported Change
Charles, Anthony, Alice, Allie, Sally, Joel (33%)	I can be myself, I am authentic	True to self
Anthony, Charles, Linda, Bill, Juliet, Tammy, Jianna, Sally, Allie, Alice, Rachel, Joel (67%)	I am deaf-blind I have pride in my identity as a person who is deaf-blind ,declaring deaf-blind identity	Sense of pride in self-identity
Alice, Linda, Sally, Eve, Tammy, Barbara, Jianna (39%)	I have a positive outlook and a vision of a happy life	Positive outlook
Joel, Sally, Bill, Charles, Juliet , John, Linda, Alice, Anthony, Jianna, Josh, Rachel, Bill, Barbara, Tammy (94%) All learners but Keith (94%)	I have what it takes and am aware of my own self competencies	Self-efficacy

Learners and Frequency	PERSONAL Change in Attitude/Being	Reported Change
Joel, Sally, Bill, Charles, Juliet , John, Linda, Alice, Anthony, Jianna, Josh, Rachel, Bill, Barbara, Tammy (94%)	I feel comfortable in my own skin	Self-acceptance
Charles, Sally, Tammy	I am capable of competing and have an equal chance as everyone does	Self-esteem
Charles, Barbara, Sally, Tammy (22%)	I make my own rules	Self-autonomy and authorship
Charles, Joel	I have a unique perspective	Self-appreciation

Learners and Frequency	EMPOWERMENT DRIVER - PRACTICAL DOMAIN Change in Beliefs/Thinking	Reported Change
Charles, Bill, John, Linda, Alice, Juliet, Allie, Josh, Joel, Sally, Tammy (61%)	Being able to adapt in a world that is hearing/sighted centric takes time	Self-acceptance that transition takes time
All learners (100%)	Deaf-blind is a game changer, being deaf-blind presents unique challenges that are unlike being blind or being deaf	Being deaf-blind incorporates varied differences as a way of life

Learners and Frequency	PRACTICAL Change in Attitude/Being	Reported Change
Sally, Charles, Tammy (17%)	I no longer feel awkward	No needed desire to fit in and conform
Charles, Linda, Anthony, Joel, Alice, Allie, Juliet, Jianna, Rachel, Bill, Tammy, Barbara, Josh, John (83%)	I no longer need to excel at everything	Acknowledging it's okay to have some weaknesses, realistic self-expectation

Learners and Frequency	PRACTICAL Change in Doing/Behavior	Reported Change
Barbara, Allie, Alice, Linda, Joel, Anthony, Sally, Bill, Josh, Charles, Juliet (67%)	Requesting accommodations to gain accessibility	Self-advocacy

Learners and Frequency	PRACTICAL Change in Knowledge/Knowing	Reported Change
Tammy, Ed (17%)	I have learned cooking, can now go food shopping, handle finances and use tactual sign	Carry out skills for everyday life

Learners and Frequency	EMPOWERMENT DRIVER— CULTURAL DOMAIN Change in Beliefs/Thinking	Reported Change
Chris (5%)	Culture can shape view of disability however I can choose to have another view	Re-frame perception of disability
Chris, Jianna (11%)	I have a realization that culture promotes fixed beliefs that can limit self	No longer assimilating cultural norms, re-evaluating
Alice, Jianna, Tammy, Ed, Bill, Allie, Barbara (39%)	I can expect a learning environment that is culturally sensitive and responsive.	Anticipates a positive responsiveness from others

Learners and Frequency	CULTURAL Change in Attitude/Being	Reported Change
Charles, Sally, Jianna (17%)	Familial attitudes shape our self-empowering and disempowering beliefs. Those beliefs that are less helpful can be discarded and replaced with new attitudes and beliefs	Letting go of familial attitudes that are limiting

Learners and Frequency	CULTURAL Change in Doing/Behavior	Reported Change
Joel, Jianna, Allie, Alice, Barbara, Bill, Juliet, Ed, Tammy (50%)	Doing things differently through touch; Adopting a touch culture approach	Touch culture perspective

Learners and Frequency	EMPOWERMENT DRIVER— EMOTIONAL DOMAIN Change in Beliefs/Thinking	Reported Change
Josh, John, Bill, Keith, Linda, Joel, Allie, Charles, Rachel, Sally, Anthony (61%)	It is okay to grieve	Self-acceptance of loss ;self-permission to grieve

Learners and Frequency	EMOTIONAL Change in Attitude/Being	Reported Change
Joel, Sally (11%)	No more sugar coating it , I am deaf-blind	Admitting a transition to living life as a person who is deaf-blind
Sally Other Learners: Tammy, Charles, Rachel, Joel, Anthony, Allie, Alice (44%)	Trusting self/relying on intuition, trusting instincts	Letting go of self-doubt and embracing trust in self

Learners and Frequency	EMOTIONAL Change in Doing/Behavior	Reported Change
Alice, Joel, Jianna (17%)	Adopting touch signals, embracing a new way of communicating and living , deaf-blind centric behaviors become integral to daily life	
Charles, Linda, Anthony, Joel, Alice, Allie, Juliet, Jianna, Rachel, John, Bill, Tammy (67%)	Wearing deaf-blind with pride	Change in perspective regarding disability, sense of belonging

Learners and Frequency	EMPOWERMENT DRIVERS- SELF-ACTUALIZATION Change in Beliefs/Thinking	Reported Change
Josh, Joel, Allie, Charles, Alice, Sally, Bill , Linda, John, Juliet (55%)	It doesn't matter what others think of me, I have value and something to contribute	Being comfortable with self
Sally, Charles, Barbara, Tammy (22%)	Relinquish the desire to fit in, I can be successful on a different path, I have a choice and can determine my destiny.	Self-determined and directed
Sally, Tammy, Bill (17%)	A system is permeable of change	Realization that the system can change
Charles, Linda, Anthony, Joel, Alice, Allie, Juliet, Jianna, Rachel, Bill, Tammy, Barbara, Josh, John (83%)	We all possess strengths and challenges, no need to blame self or feel shame for being different, no need to excel at everything	Recognizing strengths and weaknesses is acceptable
Charles, Bill, Sally (17%)	Desire to land in a place where confidence overrides perceived social inadequacies	Improved self-concept
Jianna, John (11%)	Having a belief in a higher power/ turning to God	Relationship with higher power

Learners and Frequency	SELF-ACTUALIZATION Change In Attitudes/Being	Reported Change
Linda, Tammy, Jianna, Sally, Rachel, Alice, Juliet , Eve, Anthony, Bill, Joel , Barbara, Linda (72%)	Moving on	No longer acceptable to remain in stuck position, recognition of need to take action and change things for the better
Linda, Sally (11%)	Stepping out to learn and stepping back in	Focusing on learning and leaving other responsibilities behind
Charles, Sally, Linda, Alice, Tammy, Barbara, Ed, Allie, Josh, Bill, Anthony, Rachel, John, Juliet, Joel (83%)	Stretching, take a step beyond pre- conceived self- perception and creating a new way of doing potential	Higher self- expectations

Appendix R

Distinctive Experiences that Parallel Transformational Learning

Learner(s) Frequency (1-18)	Elements of TL	Experiences	Distinctive Factors
Chris, Linda, Juliet, Joel, Keith, Barbara, John, Allie, Rachel, Anthony (61%)	Self-examination with feelings of guilt or shame	Having lived as a blind or deaf person and dealing with dominant visual world , now facing the prospect of competing as a deaf-blind person in a hearing society , concerned about how others would view him	Initial experience of amplified marginalization, loss of self-worth and self-confidence
All learners (94%)	Questioning assumptions and modifying beliefs	Re-define or maintain aspirations	Re-assess goals
Charles, Linda, Anthony, Joel, Alice, Allie, Juliet, Jianna, Rachel, John, Bill, Tammy (67%)	Hold a new frame of reference with respect to identity	Self-identity called into question	Self- identity may be re-defined
Anthony, Keith, Linda, Josh, Rachel, Ed, Joel Bill (39%)	Disorienting dilemma Loss of sense of purpose and self-esteem	Losing or giving up a job or dropping out of college	Vocational training, job exploration, can do it attitude,
All learners (100%)	Acquiring knowledge and skills to implement one's plan	Giving up driving a car—learning to ride a tandem bike, change orientation in the world - adapt to doing things differently, a change of sensory modality—visual to tactual or auditory to tactual	Learning adaptive skills and learning to utilize adaptive equipment, orientation and mobility skills, independent living, vocational skills, communication skills and integrating into one's daily life.
John, Bill, Josh, Keith, Linda, Joel, Allie, Charles, Rachel, Sally, Anthony(61%)	Experiencing a disorienting dilemma	Grieving the loss, Giving up life routines and cherished activities	Self- assessment and recognition of adapting and finding new ways to accomplish daily tasks, learning it's okay to grieve
Charles, Linda, Anthony, Joel, , Allie, Juliet, Jianna, Rachel, John, Bill, Sally, Linda , Alice, Tammy, Barbara (83%)	Challenging the status quo	Reflections, question self-expectations and life "as we know it.:	Re-examination of one's approach to living with a dual sensory loss and beginning to process of doing it differently

Learner(s) Frequency (1-18)	Elements of TL	Experiences	Distinctive Factors
Allie, John, Keith, Charles, Sally, Tammy, Barbara, Josh, Jianna, Rachel, Joel , Anthony, Linda (61%)	Critically assess socio-cultural beliefs, exploration of options for new roles, relationships and actions	Feeling like an outcast - feeling socially inept, Social isolation , on the margins, not fitting in	Making connections in the deaf-blind community
Charles, Linda, Anthony, Joel, Alice, Allie, Juliet, Jianna, Rachel, John, Bill, Tammy, Barbara, Josh, John (83%)	Transform perspective of dual sensory loss	Gaining feeling of increased self-esteem and self-worth , feeling comfortable in one's own skin	Self- acceptance, no longer needing to compare self with others
100%	Acquiring knowledge and skills to implement one's plan	Finding new ways to do things , tactually and using adaptive equipment	Self-competency, re-gaining independence
83%—Charles, Linda, Anthony, Joel, Alice, Allie, Juliet, Jianna, Rachel, John, Bill, Tammy, Barbara, Josh, John (83%)	Recognition that one's discontent and process of transformation are shared and others have negotiated a similar change, building new roles and relationships	Identifying and engaging in a community whereby differences are celebrated ; gaining greater sense of self through interaction with others who have experienced similar challenges	Stop comparing oneself to others , and embracing a new identity with peers ; Being afraid of changes in hearing or vision is "normal"
Charles, Linda, Anthony, Joel, Allie, Juliet, John, Bill, Josh, John (55 %)	Disorienting dilemma Emotional upheaval, Overcoming feelings of wanting to give up, overcome depression	Gaining a sense of strength and conquering negative emotions and thoughts	Learning to fight, in order to overcome depression and cope with loss

Appendix S

Six Pathways to Empowerment

Learner Groups	Learners/ Frequency	Learner 's textural descriptions of prominent characteristics - motivation for learning	What did learners do? experience? identify as the defining moments? Highly valued outcomes?	What did instructors do that was significant and empowering to the learner?
Slow and Steady; Tools in My Belt	Anthony Juliet Josh Bill Barbara (6/18) <i>Ed</i>	Gain adaptive skills Determination and perseverance, response to transition to combined hearing and vision loss is a practical perspective to gain needed skills to maintain independence.	Perform skills with support , experience successful transactions, conduct self - evaluation on progress, engage in self-advocacy	Provide valuable feedback , ensure opportunities for functional skill learning, be prepared and share expert knowledge
Once a Perpetual Sideliner Making a Lane of One's Own	Charles (1/18)	Recognizing the need and ability to change, recognizing a new deaf-blind identity and a new way of being and doing in the world. No longer competing , no longer concerned about fitting in	Questions self- identity Stops comparing self to others, Embraces authentic self, radical acceptance, Throwing out rule book and recognizing there is no need to meet others expectations	Provide opportunities for socializing and learning among peers , appreciate learners life experiences and cultural differences
Breaking Out / Moving On	Linda Tammy Jianna Sally Rachel (5/18)	Strong desire and will to be independent and make autonomous decisions. Desire to gain skills and prepare for impending vision and/or hearing loss. Overcoming self- imposed limitations and fears	Take it step by step, gain knowledge and resources, separate from parental control, gain skills to successfully self- advocate, establish healthy relationships, develop trust with self and others	Create a safe environments for learners to express challenges around their relationships without judgment. Ensure self- authorship of training goal share mutual respect and develop trust.

Learner Groups	Learners/ Frequency	Learner 's textural descriptions of prominent characteristics - motivation for learning	What did learners do? experience? identify as the defining moments? Highly valued outcomes?	What did instructors do that was significant and empowering to the learner?
Strutting My Stuff	Adriana Allie (2/18)	New found confidence and skills are perceived from a position of power and strength, deaf-blind identity is embraced , new freedom , pride in accomplishments	Self-management achieved through adaptive skill training , demonstrated self- confidence combined with pride, achieved challenging goals; deaf-blind self- identity is embraced	Incorporate activities promoting learner self-discovery , social experiences with the community, and challenges to stretch beyond perceived limits. Offer deaf-blind mentors
Strength with Others	Joel John <i>Ken</i> (3/18)	Supporting the learning of peers, found stronger sense of self-empowerment by supporting peers and helping others, new community	Share experiences Be a beacon, shining light of what is up ahead to those beginning their journey Mentoring	Offer opportunities for peer collaborative learning, find ways to assist others
Caring Peacemaker	Eve (1/18)	Do not rock the boat or express dissatisfaction, no resistance and no denial, employing coping strategies and supporting others to develop their own coping abilities.	Always present with a calm demeanor and assist others with achieving goals and overcoming obstacles, diplomat, mediator.	Provide feedback regarding other's point of view. Provide opportunities to voice feedback and be receptive to ideas.

Appendix T

Pathways to Empowerment and Associated Characteristics of Learners

Priorities = X - prominent, S - somewhat important or present, O - not important; not present

Pathways to Empowerment	Strutting your stuff	Tools in my belt	Once a perpetual sideliners now creating a lane one's own	Breaking Out/ Moving on	Strength with Others	Caring Peacemaker
Learners	Alice, Allie	John, Anthony, Juliet, Josh, Bill, Barbara Ed	Charles,	Linda, Tammy, Sally, Jianna, Rachel	Joel, John /Ken	Eve
Optimism , high level of positivity	X	S	O	S	S/ O Ken	X
Reported self-confidence	X	X	O	S	X/O Ken	X
Reported increased self-esteem	X	S/O Ed	S	X	S	X
Pride in self-identity as a member of deaf-blind community	X	S/O Ed	X.	S	X/ O Ken	O
Letting go of cultural biases and imposed low expectations	O	S	X	X	S	O
Being purposeful in becoming prepared for what the future may bring	X	X	S	S	S	X
Gaining adaptive skills	X	X	X	X	X	X
High self-expectations	X	S	X	X	X/ O Ken	X
Being a self-advocate	X	X	X/S Ed	X	X/ O Ken	X
Pride in identity	X	X/ O Ed	X	S	X/ O Ken	S

Appendix U

Characteristics of Practitioners Valued by Learners Respective of Domains of Learning

Domain—Direct Statements Made by Learners	Descriptors
<p>Affective: “best way to teach me, give me something of interest that keeps my attention, something that makes me want to persistently try, I had been in the dark for #many years, I was out of the loop, to practice and learn braille my teachers started giving me newspaper articles of current events and sport headlines4 ,it kept my interest.” (Ed)</p> <p>“She always there for me, until I tell her to back off, and I tell her can do it myself. She goes the same pace as me, she does not rush it. like some people.” (John)</p>	<p>committed to job, empathic, emotionally aware, valued practitioner-learner relationship, engaged and not acting a pre-scripted role, respect the life experiences of the learner, provided motivating activities , provided learner encouragement, demonstrated emotional intelligence</p>
<p>Practical: “I was a little nervous. She saw that. She tried to help me feel at ease. She said now take your time.” (Bill)</p>	<p>went the extra mile, co-authoring of goals, experiences a simulation of having a vision and hearing loss, provided tips for success, gauged the readiness of the learner, offers challenge and support with consideration to risk and responsibility.</p>
<p>Attitudinal: “Admit that you do not know, acknowledge that, and rather than making all kinds of assumptions or having any preconceived notions of what I am capable of just go in there with a clean slate, and if you have any questions just ask, have that level of honesty. It goes a long way.” (Chris)</p>	<p>perceived learners as capable, encouraging, promoting a “just do it” approach, remains open-minded.</p>
<p>Cultural: “Well I remember when I came here I did not have any experience with anything. Nobody told me about any information in my visual environment. But then here people did that and it made me more aware of what is happening in my environment.” (Barbara)</p> <p>“Well most instructors know when they see me and they can tell when I am having a bad day, some of them are in tune, and some of them are not in tune. Some will have lights off when I come in. Like Lisa she will know that I like dark, lights off or dime and she she’s pretty much with it. She’s pretty with it.” (Allie)</p>	<p>demonstrated cultural intelligence, demonstrated cultural sensitivity and gained cultural knowledge, makes accommodations intuitively, adjusts to fluctuations in the learner’s visual and auditory functioning.</p>

Domain—Direct Statements Made by Learners	Descriptors
Communicative: “and he explained everything to me. And he would say you can do it. You can do it; you are a smart lady. He would say you can get through it and you can learn it and he explained it clearly.” (Eve)	asked questions and listened, promoted collaborative dialogue, conscious of talk behaviors—examined quality of the interaction
Spiritual: “So I would think that a lot of people who take this job, they feel something in their heart, in their soul to work in this difficult field.” (Joel)	brought soul to work, brought humor to the learning
Positionality: “And my opinion was heard and respected. And now I’ve learned I count. Our wishes count. You know what I mean?” (Joel) “Compassion. She works with you. She will do everything to see what works. She is 100% with you during the tie she is with you.” (Allie)	co-active power enacted by both the practitioner and the learner.

Appendix V

Positionality or Co-Active Power

Promotes of self-empowerment Horizontal - actualizing	Diminishes self- empowerment Hierarchical - hegemonic
Practitioner respects and honors learner's life experience Learner uses life experiences as a springboard to build and expand abilities	Practitioner is paternalistic, talks down, treats learner like a child Learner lacks self-confidence to question authority and allows practitioner to provide assessment and training that does not take into account their prior experiences.
Follows lead of the learner, encourages self - discovery, takes a back seat Learner demonstrates self -directed learning and leadership	Practitioner directs the learning experiences, practitioner positions self outside or ahead of learning experience Learner plays passive role during learning
Shares all options for training Learner avails self to all meaningful training opportunities	Limits options, imposes limits on learner and restricts learning opportunities
Provides individualized instruction	Approach- one size fits all approach to instruction
Collaborative dialogue and shared decision-making regarding goal identification or choices for activities	Follows a prescribed curriculum, uses expert knowledge to dictate course of training and defined role.
Sensitive to daily fluctuations in vision and/or hearing	Assumes vision and hearing functioning is stable on daily basis and same in all situations, approaches learner the same
Inquires about environmental accommodations to ensure learner's accessibility, is flexible and readily adjusting to each situation and learner	Waits for learner to request for environmental accommodation, or does not take learner's vision and hearing requirements into consideration
Asks learner the amount and type of visual and environmental information they would like to receive	Ignores the visual and environmental information that is being missed by the learner or bombard them with information that may not be valued or meaningful
Provides time for tactual learning , object exploration and transition to tactual ways of performing tasks and communicating	Maintains a normal or hurried pace for activities when introducing tactual methods
Shares control	Control resides in the practitioner
Rapport building is key , mutual trust	Professional distance is maintained in relationship
Admits when they do not know or have the answer	Enacts role of expert and maintains a personae of authority
Co- Active power, mutual exercise of power, power with	Power over